2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90191 014 ***150.00 DOCUMENT # P03000142261 1. Entity Name JAKE'S EQUITIES, INC. Mailing Address Principal Place of Business 50017213 109 N SEMINOLE AVE 109 N SEMINOLE AVE INVERNESS, FL 34450 INVERNESS, FL 34450 04192006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0495061 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENSEN, CARY DO NOT WRITE 109 N SEMINOLE AVE INVERNESS, FL 34450 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST TITLE JENSEN, CARY NAME STREET ADDRESS 109 N SEMINOLE AVE CITY-ST-ZIP INVERNESS, FL 34450 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Date

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED