2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000144839

1. Entity Name
JUPITER PROVIDERS CORP.

Principal Place of Business	Mailing Address
1001 E. ATLANTIC AVE. SUITE 202 DELRAY BEACH, FL 33483 US	1000 MARKET ST. SUITE 300 PORTSMOUTH, NH 03801 US

DO NOT WRITE IN THIS SPACE

01232006   No Chg-P   CR2E034 (11/05)

4. FEI Number 80-0083953	Applied For Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H
1001 E ATLANTIC AVE
DELRAY BEACH, FL 33483

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALSH, MARK T
STREET ADDRESS	1000 MARKET ST.
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	EVP
NAME	ADE, RICHARD C
STREET ADDRESS	1000 MARKET ST
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03/21/06-80105-023 150.00

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IN THIS SPACE

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 of 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.

SIGNATURE: _____ Richard Ade EVP   1/24/06   (603) 559-2107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #