


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90015 008 ***150.00

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| DOCUMENT # P03000146761 |  |
| 1. Entity Name JP FUND RAISER, INC. | |

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| Principal Place of Business 7160 STIRLING RD DAVIE, FL 33024 | Mailing Address 7160 STIRLING RD DAVIE, FL 33024 |
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20063293



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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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07052005 Chg-P CR2E034 (10/03)

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| City & State | City & State |
| Zip | Country |

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| 4. FEI Number 20-0462520 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MANELLA, ROSS H 2237 N. COMMERCE PARKWAY WESTON, FL | |
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| 7. Name and Address of New Registered Agent Name <u>TRACY D WEINTRAUB CPA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1551 SAWGRASS CORPORATE PKWY</u> <u>#130</u> City <u>SWIRISE</u> FL Zip Code <u>33329</u> | |
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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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable. | DATE <u>7-5-05</u> (NOTE: Registered Agent signature required when reinstating) |

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| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D PINE, JEROME 7160 STIRLING RD DAVIE, FL 33024 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | |
| SIGNATURE: <u>Jerome Pine Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date <u>7/11/05</u> Daytime Phone <u>954-889-0062</u> |