

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90106 032 ***150.00

DOCUMENT # P03000157164					
1. Entity Name JIM ANDERSON ENTERPRISES, INC.					
Principal Place of Business 8511 OLD COUNTRY MANOR, APT 403 DAVIE, FL 33328			Mailing Address 8511 OLD COUNTRY MANOR, APT 403 DAVIE, FL 33328		
2. Principal Place of Business 1170 SW 107 TERRACE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State DAVIE, FL		City & State		4. FEI Number 59-3774799	
Zip 33324		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, JAMES M 8511 OLD COUNTRY MANOR, APT 403 DAVIE, FL 33328			7. Name and Address of New Registered Agent Name: ANDERSON, JAMES M Street Address (P.O. Box Number is Not Acceptable): 1170 SW 107 TERRACE City: DAVIE, FL Zip Code: 33324		
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: <i>James M. Anderson</i> JAMES M. ANDERSON 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ANDERSON, JAMES M STREET ADDRESS 8511 OLD COUNTRY MANOR, APT 403 CITY-ST-ZIP DAVIE, FL 33328	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 1170 SW 107 TERRACE CITY-ST-ZIP DAVIE, FL 33324	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME ANDERSON, JAMES H STREET ADDRESS 411 S HOLLYBROOK DR, BLD 38 APT 106 CITY-ST-ZIP PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete		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	
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	
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	
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.					
SIGNATURE: <i>James M. Anderson</i> JAMES M. ANDERSON 4/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					