


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90392 038 ***150.00

DOCUMENT # P03000157164 1. Entity Name JIM ANDERSON ENTERPRISES, INC.	
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Principal Place of Business 1170 SW 107 TERRACE FORT LAUDERDALE, FL 33324	Mailing Address 1170 SW 107 TERRACE FORT LAUDERDALE, FL 33324
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ANDERSON, JAMES M
1170 SW 107 TERRACE
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
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

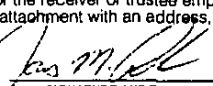
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, JAMES M 1170 SW 107 TERRACE FORT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ANDERSON, JAMES H 411 S HOLLYBROOK DR, BLD 38 APT 106 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Kent Spires 19500 SW 326 ST Homestead, FL 33030 Add <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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 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:  **JAMES M. ANDERSON** **4/6/07** **954-236-9986**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #