2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2006 08:00 AM DOCUMENT # P03000157613 **Secretary of State** 1. Entity Name JOHN E HENRY INC Mailing Address Principal Place of Business 15405 SW 144TH PLACE 15405 SW 144TH PLACE MIAMI FL 33177 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 92-0182447 Not Applica-Country \$8.75 Additional Country Zio Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENRY, NORMA E Street Address (P.O. Box Number is Not Acceptable) 15405 SW 144TH PLACE MIAMI FL 33177 Zip Code City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both. the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and bito if applicable (NOTE: Registered Agent signature required when rounstating) FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. to. TIRLE ☐ Change ☐ Add ☐ Defete TITLE HENRY, JOHN E NAME NAME STREET ADDRESS 15405 SW 144TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 □ Add ☐ Change TITLE ☐ Detete HILL U00000443886 MAMIC NAME STREET ADDRESS STREET ADDRESS 03/06/06-30029-017 150**.00** CITY - ST - ZIP CITY-ST-ZIP ☐ Delete THLE ☐ Change ☐ Ad-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change □ A.′ TITLE TITLE MAME NAME STREET ADDINESS STREET ADDRESS CITY-ST-ZIF CITY-SI-ZIP Change ☐ Auto ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Criy-ST-ZIP CITY-ST-70P Change ☐ Detete HILE ☐ Adi TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information does not gualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information does not under out, that i am an officer or direction of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachment with an address, with all other like empowered.

John B. HENRY

SIGNATURE

FILED