

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/21/2005-90003-014-\$150.00-\$150.00

DOCUMENT # P04000022193 1. Entity Name J.A.C. INTERNATIONAL ENTERPRISES, INC.						FILED 05 JUL 25 AM 9:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1714 69TH AVE WEST UNIT C203 BRADENTON, FL 34207				Mailing Address 1714 69TH AVE WEST UNIT C203 BRADENTON, FL 34207			
2. Principal Place of Business 1932 Harbourside Dr.		3. Mailing Address 1932 Harbourside Dr.				06092005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. #241		Suite, Apt. #, etc. #241		4. FEI Number 20-0701519		Applied For <input type="checkbox"/> Not Applicable	
City & State Longboat Key, FL		City & State Longboat Key, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Zip 34228	
Country USA		Country US		6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW-22ND ST. 4TH FLOOR MIAMI, FL 33145			
7. Name and Address of New Registered Agent Name James Curtis Street Address (P.O. Box Number is Not Acceptable) 1932 Harbourside Dr. # 241 City Longboat Key FL Zip 34228				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 _____ <small>Signature, typed or printed name of registered agent and soe if applicable. (NOTE: Registered Agent signature required when reissuing)</small>							
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.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURTIS, JAMES M 1714 69TH AVE WEST UNIT C203 BRADENTON, FL 34207			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CURTIS, PATRICIA A 1714 69TH AVE WEST UNIT C203 BRADENTON, FL 34207			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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: James M. Curtis <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>				Date 06-09-05 Daytime Phone # 941 385749			