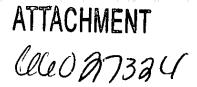
2005 FOR PROFIT CORPORATION

Sep 14, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000025332 07-19-2005 90039 001 ***150.00 1. Entity Name JUNE GEM, INC. Principal Place of Business Mailing Address **EPATIONS** 7138 W. MCNAB ROAD % ALEENE FARGUHARSON RISPOLI TAMARAC, FL 33321 10647 NW 48TH STREET CORAL SPRINGS, FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3784012 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RISPOLI, ALEENE F Street Address (P.O. Box Number is Not Acceptable) **10647 NW 48TH STREET** CORAL SPRINGS, FL 33076 Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME RISPOLI, ALEENE F NAME STREET ADDRESS **10647 NW 48TH STREET** STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33076 CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST+ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ППЕ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-7/P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 gustee 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 withpart appress, with all other like empowered.

SIGNATURE:

SEGMATURE AND TY OFFICER OR DIRECTOR



JUNE GEM, INC. 7138 WEST MCNAB ROAD TAMARAC, FL. 33321 TEL 954-721-9310

SEPTEMBER 8, 2005

STATE OF FLORIDA DIVISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN:

RE: DOCUMENT NUMBÉR P04000025333

WE HAVE SENT AND YOU HAVE RECEIVED OUR CHECK FOR THE ANNUAL REPORT FOR 2005 IN THE AMOUNT OF \$150.00.

WE HAVE NEVER RECEIVED ANY CORRESPONDENCE CONCERNING THE ANNUAL REPORT. WE WENT ON LINE TO SEE IF THE ACCOUNT HAD BEEN UPDATED AND FOUND THAT IT WAS NOT,

WE CALLED THE STATE AND SPOKE WITH A MAN NAMED GARY AND HE ADVISED US TO SEND IN A NEW FORM AND FILLING OUT QUESTION 4 AND EXPLAIN THAT WE RECEIVED NOTHING FROM THE STATE AND ASK THAT THE STATE WAIVE THE LATE FEE AND UPDATE JUNE GEM, INC. TO CURRENT FILED STATUS.

WE THANK YOU FOR YOUR CONSIDERATION IN THESE TROUBLED TIMES AND HOPE TO HEAR FROM YOU AT YOUR EARLIEST CONVENIENCE,

RESPECTFULLY

ALEENE F. RISPOLI

President