| DO LUMEENT #/ P04000027618         1: Debrate  | <u> </u>  |  |  | CORPORATI                    |  | BR)  |                 |  |           |
|---|---|--|--|------------------------------|--|--|-----------------|--|-----------|
| JP GLOBAL VENTURES, INC.       Status  |   |  |  |                              |  |  |                 | 06 JAN -9 PM 2: 37   |           |
| 2. Provide Braze of Business     1607 Lodgestone Drive     Same     Sub. Apil. #c.     Sub. Apil. #.c.     Sub. Apil   | JP GI   | LOBAL  | VENTURES, IN   | C.                           |  |  |                 |  |           |
| 2. Principal Place of Business 3. Malling Address 3. Mailing Address  |   | DO N   |  | IN THIS S                    | PAC  | E  | i ser s         | united and the second of   | -         |
| Bit Address         City & State         FEI Number         ZO         OT         ZI N         Models Device         Not Application           33511         United States         Zip         Country         States   | 1607 Ledgestone Drive   |  |  | same                         |  |  |                 |  |           |
| Zig         Country         s. Certification of Strutus Deviced         Star 75 Additional<br>Per Required           233511         United States         7. Name and Address of Current Registered Agent           Name SplitEGEL & UTRERA, P.A.           Strukt All Colspan="2">Strukt All Floor           Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"           Strukt All Colspan="2"   |   |  |  |                              |  | (  | Ű               |  |           |
| 33511 United States     Controllar of Status Device     Controllar of Status Device     Controllar of Status Device     Controllar of Status     Controllar     Controllar of Status     Controllar of Status     Contro   | Brandon   | , Florida  |  | -                            |  |  | . FE            | I Number 20-0772182 Applied Fo   |           |
| Nome     Sprie Sele & UTRERA, P.A.       Street Address (F:0: Box Number is Not Acceptable)       1840 Southwest 22 Street, 4th Floor       City Miami       FL       200 Code       Street Address (F:0: Box Number is Not Acceptable)       1840 Southwest 22 Street, 4th Floor       City Miami       FL       200 Code       Street Address (F:0: Box Number is Not Acceptable)       1840 Southwest 22 Street, 4th Floor       City Miami       FL       200 Code       Street Address (F:0: Box Number is Not Acceptable)       190 Code       200 Code </td <td></td> <td></td> <td></td> <td>Zip</td> <td>Count</td> <td>ry</td> <td>5. Ce</td> <td></td> <td></td>  |   |  |  | Zip                          | Count  | ry   | 5. Ce           |  |           |
| Do not write<br>in this space     Deriver and acceptable       Street Address (P.O. Box Number is Not Acceptable)     1840 Southwest 22 Street, 4th Floor       City     Image: Street Address (P.O. Box Number is Not Acceptable)       18. The above nemed entity submits his statement for the purpose of changing its registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both, in the State of Roids, I am familiar with, and accept<br>the obligations of registered agent, or both is feature<br>and the state of Roids agent, and the state<br>the obligation of registered agent, or both is feature<br>to CHF CHF Add Contribution.     \$5.00 May Gen<br>Added to Fees<br>State Addes agent, or both<br>added to Fees<br>Of CHF CHF Add Contribution.     \$5.00 May Gen<br>Added to Fees<br>Of Added to Fees<br>Of CHF CHF Add Contribution.     \$5.00 May Gen<br>Added to Fees<br>Of Added to Fees<br>Of CHF CHF Add Contribution.       Note<br>SHET Addes agent, Che Added added Added to Fees<br>Of CHF CHF Added State<br>Of  |   |  |  |                              |  | Name on  |                 |  | $\square$ |
| IN THIS SPACE         1840 Southwest 22 Street, 4th Floor         Chr Miami       FL       To Colog         Chr Miami       FL       To Colog         Street August with this statement for the purpose of changing its registered agent, or both, in the State of Forda, I an Hamiler with, and accept the colspan="2">the colspan="2">the colspan="2">Colspan="2">The accept with and accept the colspan="2">The accept with an accept the colspan="2">Colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2">The colspan="2" The colspa="2" The colspan="2" The colspan="2" The colspan="2" The   | DO NOT WRITE  |  |  |                              |  | 581  |                 |  |           |
| Interview of a construction of the purpose of changing its registered agent, or both, in the State of Florida. Tan Hamilar with, and accept the obligations of registered agent. SPIE GEL & UTREPA, P.A.       SignAtube       SignAtube    <   |   |  |  |                              | -  |  |                 | · · ·  |           |
| B. The Book and media with submits this statement for the purpose of changing its registered adject or registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations or registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations or registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations or registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations or registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations of registered agent, and accept the obligations of registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations of registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations of registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations of registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations of registered agent, or both, in the State of Porida. I am Jemiliar with, and accept the obligations of registered agent, or both agent, and water agent, and accept the obligation of the state of the porison of the registered agent, or both agent, age   |   | ••   |  |                              | F  |  |                 |  |           |
| the doligations of registered span.       SPIE GEL & UTRERA, P.A.         Matalia Utrera, Vice President       1-5-06         SIGNATURE       By:         January 1- May 1 Fee is \$150.00         Antalia Utrera, Vice President       1-5-06         January 1- May 1 Fee is \$150.00         Anter May 1, Fee is \$150.00         Anter May 2         Bit Make Check Payable to Florida Department of State         Image Utre Figure State         Image Utre State <td>8 The above</td> <td>a aamad aatit</td> <td>v submits this statement for</td> <td>r the purpose of changing it</td> <td>c registero</td> <td></td> <td></td> <td><b>FL</b>   33145</td> <td></td>   | 8 The above   | a aamad aatit  | v submits this statement for   | r the purpose of changing it | c registero  |  |                 | <b>FL</b>   33145  |           |
| After May 1; Fee is \$550.00       \$5.00 May Be         Make Check Payable to Florida Department of State       Thust Fund Contribution.       Added to Fees         Make Check Payable to Florida Department of State       Image: State Check Payable to Florida Department of State       Added to Fees         Mile       OFFICERS AND DIRECTORS       Image: State Check Payable to Florida Department of State Payable to Florida Department Payable to Florida Departed Payable to Florido Payable to Florida Department Payable Topay  |   | By:  | Natalia U.t.   | the m. t. N                  | latalia L  | Jtrera, Vice   | Draaida         | ent 1-5-06   |           |
| Inite     PSTD     Jerry F. Paschall, Jr.       MAME     1607 Ledgestone Drive       Brandon, Florida 33511     ITTLE       MAME     SITELADRESS       Brandon, Florida 33511     ITTLE       MAME     ITTLE       MAME     SITELADRESS       CITY-S1-2P     ITTLE       ITTLE     ITTLE       SITELADRESS  | .la   | nuary 1 - M  |  |                              | TE Registered  | Agent signature requ   |                 |  |           |
| SIRET ADDRESS       SIRET ADDRESS         CITY-S1-2P       TITLE         NAME       NAME         SIRET ADDRESS       CITY-S1-2P         TITLE       NAME         SIRET ADDRESS       SIRET ADDRESS         CITY-S1-2P       DO NOT WRITE         ITLE       NAME         SIRET ADDRESS       CITY-S1-2P         DO NOT WRITE       ITLE         NAME       SIRET ADDRESS         CITY-S1-2P       CITY-S1-2P         TITLE       NAME         SIRET ADDRESS       CITY-S1-2P         CITY-S1-2P         TITLE       NAME <td>Make Check</td> <td>After May<br/>Amended</td> <td>ay 1 Fee is \$150.00<br/>1, Fee is \$550.00<br/>1 UBR is \$61.25<br/>5 Florida Department of</td> <td>State</td> <td>TE Registered</td> <td>l Agant signature requ</td> <td></td> <td>9. Election Campaign Financing \$5.00 May E</td> <td></td>   | Make Check  | After May<br>Amended   | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of  | State                        | TE Registered  | l Agant signature requ   |                 | 9. Election Campaign Financing \$5.00 May E  |           |
| SIREI ADDRESS<br>CITY-S1-2P<br>TITLE<br>NAME<br>SIREI ADDRESS<br>CITY-S1-2P<br>TITLE<br>SIREI ADDRESS<br>CITY-S1-2P<br>TITLE<br>SIREI ADDRESS<br>SIREI ADDRESS<br>CITY-S1-2P<br>TITLE<br>SIREI ADDRESS<br>SIREI ADDRESS | Make Check<br>10.   | After May<br>Amended<br>k Payable to                               | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>9 Florida Department of<br>OFFICERS AND  | State                        |  | · .  |                 | BATE     DATE     P. Election Campaign Financing     Trust Fund Contribution.     Added to Fees  |           |
| SIRET ADDRESS       SIRET ADDRESS         CITY-S1-2P       TITLE         NAME       NAME         SIRET ADDRESS       CITY-S1-2P         TITLE       NAME         SIRET ADDRESS       SIRET ADDRESS         CITY-S1-2P       DO NOT WRITE         ITLE       NAME         SIRET ADDRESS       CITY-S1-2P         DO NOT WRITE       ITLE         NAME       SIRET ADDRESS         CITY-S1-2P       CITY-S1-2P         TITLE       NAME         SIRET ADDRESS       CITY-S1-2P         CITY-S1-2P         TITLE       NAME <td>Make Check<br/>10.<br/>TITLE<br/>NAME<br/>STREET ADDRESS</td> <td>After May<br/>Amended<br/>k Payable to<br/>PSTD<br/>1607 Le</td> <td>ay 1 Fee is \$150.00<br/>1, Fee is \$550.00<br/>1 UBR is \$61.25<br/>5 Florida Department of<br/>OFFICERS AND<br/>Jerry F. Paschall,<br/>udgestone Drive</td> <td>State</td> <td>TITLE<br/>NAME<br/>STREE</td> <td>T ADDRESS</td> <td>ured when reinc</td> <td>PATE  P. Election Campaign Financing Trust Fund Contribution.  S00064413828</td> <td></td>  | Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE   | T ADDRESS  | ured when reinc | PATE  P. Election Campaign Financing Trust Fund Contribution.  S00064413828  |           |
| CITY-S1-2P       CITY-S1-2P         TITLE       TITLE         NAME       STREET ADDRESS         CITY-S1-2P       DO NOT WRITE         TITLE       NAME         STREET ADDRESS       CITY-S1-2P         DO NOT WRITE       ITTLE         NAME       STREET ADDRESS         CITY-S1-2P       CITY-S1-2P         TITLE       STREET ADDRESS         CITY-S1-2P       CITY-S1-2P         TITLE       STREET ADDRESS         CITY-S1-2P       CITY-S1-2P         TITLE       NTHE         STREET ADDRESS       CITY-S1-2P         TITLE       NTHE         NAME       STREET ADDRESS         CITY-S1-2P       CITY-S1-2P         TITLE       NAME         STREET ADDRESS       CITY-S1-2P   | Make Check<br>10.<br>TILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-  | T ADDRESS<br>ST-ZIP  | ured when reinc | P. Election Campaign Financing<br>Trust Fund Contribution.  S00064413828   |           |
| NAME     NME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZP     DO NOT WRITE       ITLE     ITLE       NAME     ITLE       NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       ITLE     ITLE       NAME     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP       ITLE     NAME       STREET ADDRESS     CITY-ST-ZP       ITLE     NAME       STREET ADDRESS     CITY-ST-ZP       ITLE     NAME       STREET ADDRESS     CITY-ST-ZP       CITY-ST-ZP     CITY-ST-ZP       ITLE     NAME       STREET ADDRESS     CITY-ST-ZP       CITY-ST-ZP     CITY-ST-ZP       ITLE     NAME       STREET ADDRESS     CITY-ST-ZP       CITY-ST-ZP     CITY-ST-ZP       ITLE     NAME       STREET ADDRESS <t< td=""><td>Make Check<br/>10.<br/>The<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZUP<br/>THLE<br/>NAME</td><td>After May<br/>Amended<br/>k Payable to<br/>PSTD<br/>1607 Le</td><td>ay 1 Fee is \$150.00<br/>1, Fee is \$550.00<br/>1 UBR is \$61.25<br/>5 Florida Department of<br/>OFFICERS AND<br/>Jerry F. Paschall,<br/>udgestone Drive</td><td>State</td><td>TITLE<br/>NAME<br/>STREE<br/>CITY-<br/>TITLE<br/>NAME</td><td>T ADDRESS<br/>ST-ZIP</td><td>ured when reinc</td><td>P. Election Campaign Financing<br/>Trust Fund Contribution.  S00064413828</td><td></td></t<>   | Make Check<br>10.<br>The<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZUP<br>THLE<br>NAME   | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME   | T ADDRESS<br>ST-ZIP  | ured when reinc | P. Election Campaign Financing<br>Trust Fund Contribution.  S00064413828   |           |
| STREET ADDRESS     STREET ADDRESS       CITY-ST-ZP     IITLE       NAME     IITLE       NAME     STREET ADDRESS       CITY-ST-ZP     CITY-ST-ZP   | Make Check<br>10.<br>TITLE<br>STREET ADDRESS<br>CITY-ST-ZUP<br>TITLE<br>NAME<br>STREET ADDRESS  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS   | ured when reinc | P. Election Campaign Financing<br>Trust Fund Contribution.  S00064413828   |           |
| IIILE       IIILE       IIILE       IN THIS SPACE         NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS         CITY-S1-AP       CITY-S1-AP       IIILE         IIILE       NAME       STREET ADDRESS         CITY-S1-AP       IIILE       NAME         STREET ADDRESS       CITY-S1-ZP       IIILE         STREET ADDRESS       CITY-S1-ZP       CITY-S1-ZP         TITLE       NAME       STREET ADDRESS         CITY-S1-ZP       CITY-S1-ZP       CITY-S1-ZP         12. 1 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 supplemential report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officier or director of the corporation or the receiver or true sheet end 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 re   | Make Check<br>10.<br>TITLE<br>NAME<br>SIREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>SIREET ADDRESS<br>CITY-ST-ZIP<br>TITLE  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>STREE<br>CITY-<br>TITLE  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP   | ured when reinc | P. Election Campaign Financing<br>Trust Fund Contribution.  S00064413828   |           |
| NAME     IN THIS SPACE       STREET ADDRESS     STREET ADDRESS       CITY-S1- &P     IITLE       NAME     IITLE       NAME     STREET ADDRESS       CITY-S1- &P     IITLE       NAME     STREET ADDRESS       CITY-S1- &P     IITLE       NAME     STREET ADDRESS       CITY-S1- &P     CITY-S1- ZP       TITLE     STREET ADDRESS       CITY-S1- &P     CITY-S1- ZP       TITLE     STREET ADDRESS       CITY-S1- ZP     CITY-S1- ZP       TITLE     NAME       STREET ADDRESS     CITY-S1- ZP       CITY-S1- ZP     TITLE       NAME     STREET ADDRESS       CITY-S1- ZP     CITY-S1-ZP       TITLE     NAME       STREET ADDRESS     CITY-S1-ZP       TITLE     NAME       STREET ADDRESS     CITY-S1-ZP       TITLE     NAME       STREET ADDRESS     CITY-S1-ZP       T1. 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 hurther 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 true end accurate and that my signature abple 307. Florida Statutes; and that my name appeasi in  | Make Check<br>10.<br>ITTLE<br>NAME<br>STREET ADDRESS<br>CITY-S1-ZIP<br>ITTLE<br>STREET ADDRESS<br>CITY-S1-ZIP<br>ITTLE<br>NAME  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME   | T ADDRESS<br>ST-ZIP<br>CT ADDRESS<br>ST-ZIP  | ured when reinc | airop       DATE         9. Election Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         Added to Fees         3000064413828         1/25/0601003010   |           |
| CITY-S1-2P     CITY-S1-2P       IITLE     IITLE       NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-S1-2P     CITY-S1-2P       IITLE     IITLE       NAME     STREET ADDRESS       CITY-S1-2P     CITY-S1-2P       IITLE     IITLE       NAME     STREET ADDRESS       CITY-S1-2P     CITY-S1-2P       IITLE     NAME       STREET ADDRESS     CITY-S1-2P       IITLE     IITLE       NAME     STREET ADDRESS       CITY-S1-2P     CITY-S1-2P       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 Chepter 607, Porida Statutes; and that my name appears in Block 10 or on an  | Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>STREE<br>CITY-<br>TITLE<br>STREE<br>CITY-  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDDDDS4413828         1/25/0601003010         **150.00         DO NOT WRITE  |           |
| IIILE       IIILE         NAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-S1-ZIP       CITY-S1-ZIP         IIILE       IIILE         NAME       STREET ADDRESS         CITY-S1-ZIP       CITY-S1-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 leggel 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 Chepter 607, Florida Statutes; and that my name appears in Block 10 or on an   | Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>STREE<br>CITY-<br>TITLE<br>STREE<br>CITY-<br>UITLE   | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDDDDS4413828         1/25/0601003010         **150.00         DO NOT WRITE  |           |
| STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP       TITLE     TITLE       NAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     TITLE       NAME     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       CITY-ST-ZIP     STREET ADDRESS       CITY-ST-ZIP     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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and Hat my nem appears in Block 10 or on an   | Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>HITLE<br>NAME<br>STREE<br>STREE   | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDDDDS4413828         1/25/0601003010         **150.00         DO NOT WRITE  |           |
| CITY-S1-ZIP     CITY-S1-ZIP       INILE     ITILE       NAME     ITILE       NAME     STREET ADDRESS       CITY-S1-ZIP     STREET ADDRESS       CITY-S1-ZIP     CITY-S1-ZIP       12. 1 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 Chepter 607, Florida Statutes; and that my nem appears in Block 10 or on an   | Make Check<br>10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>STREET ADDRESS<br>CITY-ST-ZIP   | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>NAME<br>STREE<br>CITY-  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDDDDS4413828         1/25/0601003010         **150.00         DO NOT WRITE  |           |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>12. 1 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<br>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 officier or director<br>of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my new appears in Block 10 or on an   | Make Check<br>10.<br>111LE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TTILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TTILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME                                  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>UITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME   | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>S1-ZIP   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDDDDS4413828         1/25/0601003010         **150.00         DO NOT WRITE  |           |
| STREET ADDRESS     CITY-ST-ZP     STREET ADDRESS     CITY-ST-ZP     CITY-ST-ZP     STREET ADDRESS   | Make Check<br>10.<br>111LE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-                           | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>S1-ZIP<br>ET ADDRESS   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDDDDS4413828         1/25/0601003010         **150.00         DO NOT WRITE  |           |
| <ol> <li>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 on an</li> </ol>  | Make Check<br>10.<br>111LE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TTILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TTILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZP<br>TITLE<br>STREET ADDRESS<br>CITY-ST-ZP<br>TITLE<br>STREET ADDRESS<br>CITY-ST-ZP<br>TITLE             | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>IITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE                  | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDODG4413828         1/25/0601003010         **150.00         DO NOT WRITE   |           |
| 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 on an  | Make Check<br>10.<br>111LE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TTILE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME                                  | After May<br>Amended<br>k Payable to<br>PSTD<br>1607 Le            | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>5 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall,<br>udgestone Drive                       | State                        | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME          | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>S1-ZIP<br>ET ADDRESS<br>S1-ZIP   | ured when reinc | Belection Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E         SDODG4413828         1/25/0601003010         **150.00         DO NOT WRITE   |           |
|   | Make Check<br>10.<br>111LE<br>NAME<br>SIRFET ADDRESS<br>CITY-S1-ZIP<br>TITLE<br>NAME<br>SIRFET ADDRESS<br>CITY-S1-ZIP<br>TITLE<br>NAME<br>SIRFET ADDRESS<br>CITY-S1-ZIP<br>TITLE<br>NAME<br>SIRFET ADDRESS<br>CITY-S1-ZIP<br>TITLE<br>NAME<br>SIRFET ADDRESS<br>CITY-S1-ZIP | After May<br>Amended<br>& Payable to<br>PSTD<br>1607 Le<br>Brandor | ay 1 Fee is \$150.00<br>1, Fee is \$550.00<br>1 UBR is \$61.25<br>9 Florida Department of<br>OFFICERS AND<br>Jerry F. Paschall, w<br>adgestone Drive<br>n, Florida 33511 | State<br>DIRECTORS<br>Jr.    | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME<br>STREE<br>CITY- | ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>S1-ZIP<br>ET ADDRESS<br>S1-ZIP<br>ET ADDRESS<br>S1-ZIP<br>ET ADDRESS<br>S1-ZIP |                 | Baing)       DATE         9. Election Campaign Financing<br>Trust Fund Contribution.       \$5.00 May E<br>Added to Fees         SDBDB4413828         1/25/0601003010       **150.00         DO NOT WRITE<br>IN THIS SPACE |           |

## AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

## STATE OF FLORIDA

## COUNTY OF HILLSBOROUGH

1. Jerry F. Paschall, Jr. is the President of JP GLOBAL VENTURES, INC., a Florida corporation, (hereinafter "Corporation").

)

)

2. That the Corporation was administratively dissolved by the Florida Department of State on 16 September 2005.

3. That the Corporation failed to file its 2005 Annual Report or pay the 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:

- 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
- 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.

4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2005 Annual Report fees and the filing of its 2005 Annual Reports, which are presented simultaneously with this Affidavit.

5. JP GLOBAL VENTURES, INC. satisfies the requirements of the Florida Statutes 607.0401.

6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: \_8\_ day of November 2005

FURTHER, AFFIANT SAYETH NOT

JP GLOBAL VENTURES, INC.

292

Jerry F. Paschall, Jr., President

sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2005

Notary Public, State of Florid<u>a at Large</u> Printed Name: Sherric L Towle Commission Expires: 1906

