2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 13, 2007 08:00 AM Secretary of State **DOCUMENT # P04000042864** 1. Entity Name JIM ALEXANDER, INC. Principal Place of Business Mailing Address 7385 SE 105 PLACE 7385 SE 105 PLACE BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0897659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALEXANDER, JAMES DO NOT WRITE 7385 SE 105 PLACE BELLEVIEW, FL 34420 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE ALEXANDER, JAMES STREET ADDRESS 7385 SE 105 PLACE BELLEVIEW, FL 34420 CITY-ST-ZIP U00000634430 TITLE 02/22/07-80010-004 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling 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 emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS