2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051596

Entity Name: JAXANDLES ENTERPRISES, INC.

FILED Apr 23, 2005 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

6500 WINEGARD RD SUITE 120 6500 WINEGARD RD

ORLANDO, FL 33809 US SUITE 120

ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

 200 WALLEYE DR
 200 WALLEYE DR

 50989 HWY 27
 50989 HWY 27 LOT 200

DAVENPORT, FL 33897 DAVENPORT, FL 33897 US

FEI Number: 20-1273127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, LESLIE P 6500 WINEGARD ROAD SUITE 120 ORLANDO, FL 32809 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: WRIGHT, LESLIE P
Address: 112 ASHDOWN DRIVE
City-St-Zip: TILGATE, CRAWLEY, W. SUSSEX, UK RH10 5EX UK

Name: WRIGHT, LESLIE P
Address: 50989 HIGHWAY 27 LOT 200
City-St-Zip: DAVENPORT, FL 33897 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name:WRIGHT, JACQUELINEName:WRIGHT, JACQUELINEAddress:112 ASHDOWN DRIVEAddress:50989 HIGHWAY 27 LOT 200City-St-Zip:TILGATE, CRAWLEY, W. SUSSEX, UK RH10 5EX UKCity-St-Zip:DAVENPORT, FL 33897 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE PETER WRIGHT MR 04/23/2005