2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2006 8:00 am Secretary of State

DOCUMENT # P04000078691 1. Entity Name JIMMINY CRICKETS, INC.				03-24-2006 90022 019 ***150.00			
Principal Place of Business Mailing Address				400370	0 9		
11 247 SAN IOSE BLVD #506 11247 SAN IOSE BLVD # IACKSONVILLE, FL 3 222 3 JACKSONVILLE, FL 3 222 3		4					
2. Principal Pl	ace of Business Sunset Bluff Dr.	3. Mailing Address	+ Rluff T				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEt Numb 20-116			plied For Applicable
Zip 322	Country 145 A	Zip 37216	Country USA		of Status Desired	\$8.75 Add	
	6. Name and Address of Current Re	Name	7. Name and Address of New Registered Agent				
DENNIS, JAMES A				Street Address (P.O. Box Number is Not Acceptable)			
1 1247 SAN JOSE BLVD #506 - JACKSONVILLE, FL 3222 3			0.1	240 Sunset Bluff Drive			
			City	(x) punser	Bluff 1		
City FL Zip Code 37.2.6 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.							6!
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 \$5.00 May Be Trust Fund Contribution. Added to Fees							
10			11.	ADDITIONS	CHANGES 10 OF	FICERS AND DIRECTORS	
TITLE NAME	PSTD DENNIS, JAMES A	Delete	TITLE NAME		- al Di. (Change	Addition
STREET ADDRESS	11247 SAN JOSE BLVD #506		STREET ADDRESS CITY-ST-7IP	2400 Sun: Jacksonvill	SCT DINT	Part /	
CITY-ST-ZIP	JACKSONVILLE, FL 3 2223	Delete	TITLE	Jackson VIII	12, FC 3	Change	(Addition
NAME		20.20	NAME				
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TITLE		Delete	TITLE			☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		Delete	TITLE NAME			Change	Addition
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TITLE		□ Delete	TITLE			Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing 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 office 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.							