
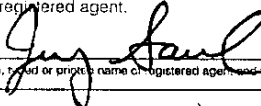
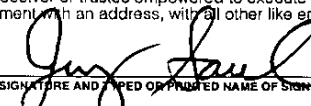


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90024 034 ***158.75

DOCUMENT # P04000110029					
1. Entity Name JPJ ADVENTURES INC.					
Principal Place of Business 1583 E. CLEVELAND ST. HERNANDO, FL 34442			Mailing Address 1583 E. CLEVELAND ST. HERNANDO, FL 34442		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAUL, JERRY 1583 E. CLEVELAND ST. HERNANDO, FL 34442				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				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 		Jerry Saul		1/17/05	
Signature, typed or printed name of registered agent, as well applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, JERRY		NAME	SAUL, JERRY	
STREET ADDRESS	1583 E. CLEVELAND ST.		STREET ADDRESS	1583 E. CLEVELAND ST.	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT / SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAULA SAUL	
STREET ADDRESS			STREET ADDRESS	1583 E. CLEVELAND ST.	
CITY-ST-ZIP			CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			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 that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Jerry Saul		1/17/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				866-737-6235	

40003467



01142005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1424959

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

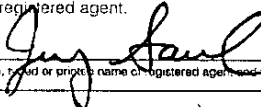
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SIGNATURE  Jerry Saul 1/17/05

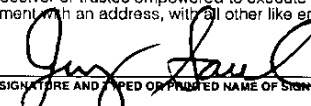
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CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT / SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PAULA SAUL	
STREET ADDRESS			STREET ADDRESS	1583 E. CLEVELAND ST.	
CITY-ST-ZIP			CITY-ST-ZIP	HERNANDO, FL 34442	
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SIGNATURE:  Jerry Saul 1/17/05 866-737-6235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #