2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2008 08:00 AN Secretary of State DOCUMENT # P04000110792 1. Entity Name J.E.T. FINANCIAL FUTURES INC. Principal Place of Business Mailing Address 7322 WOODWORTH WAY PQ BOX 683485 ORLANDO FL 32818 ORLANDO FL 32868 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-1432605 Not Applicable Z_{ip} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELIE T PROPHETE Street Address (P.O. Box Number is Not Acceptable) 7322 WOODWORTH WAY ORLANDO, FL FL 32818 City 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, typed or printed illame of regimened agent and tale 1 implication. (NOTE: Registered Agont eiginature required value reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ПΠЕ Change Addition PROPHETE, ELIE T. U00000948022 NAME NAME STREET ADDRESS 7322 WOODWORTH WAY STREET ADDRESS 06/02/08-80039-002 150.00 CATY - SY - ZIP ORLANDO, FL 32818 CITY-ST-ZIP TITLE Deiele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE De ele TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

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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.

NG OFFICER OR DIRECTOR

SIGNATURE: