

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148657

FILED
Jan 09, 2006
Secretary of State

Entity Name: FORJAYS CORPORATION

Current Principal Place of Business:

2201 SE INDIAN STREET
UNIT #H-17
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2201 SE INDIAN STREET
UNIT #H-17
STUART, FL 34997

New Mailing Address:

FEI Number: 74-3131462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, JACQUELYN M
2201 SE INDIAN STREET
UNIT #H-17
STUART, FL 34997 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HOWARD, JOEL
Address: 2815 SW MONTEGO TERRACE
City-St-Zip: STUART, FL 34997 US

Title: VP () Delete
Name: HOWARD, JACQUELYN
Address: 2815 SW MONTEGO TERRACE
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACQUELYN HOWARD

VP

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date