

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000148862

FILED
Apr 18, 2006
Secretary of State

Entity Name: JOCKEYS MANAGEMENT GROUP CORPORATION

Current Principal Place of Business:

P O BOX 2792
VERO BEACH, FL 32961

New Principal Place of Business:

Current Mailing Address:

P O BOX 2792
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORTE, PETER A
1837 23 AVE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

FORTE, PETER A
1837 23RD AVENUE
VERO BEACH, FL 32960 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: PETER A FORTE

04/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RILEY, JOHN F
Address: 26355 PALM TREE LN
City-St-Zip: MURRIETA, CA 92563

Title: D () Delete
Name: KORS, RICHARD J
Address: # 2 CHAPPARAL CT
City-St-Zip: LOS FLORES, CA 92688

Title: D () Delete
Name: GUALTIERI, SAL
Address: 25060 HANCOCK AVE - # 103-393
City-St-Zip: MURRIETA, CA 92562

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GUALTIERI, SAL
Address: 5410 NW 3RD TERRACE
City-St-Zip: BOCA RATON, FL 33482

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: JOHN F. RILEY

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date