


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90042 011 ***150.00

DOCUMENT # P04000152166			
1. Entity Name JSB COMMUNICATIONS INC.			
Principal Place of Business 1479 JEREMY DR. TALLAHASSEE FL 32305		Mailing Address 1479 JEREMY DR. TALLAHASSEE FL 32305	
2. Principal Place of Business Suite, Apt. #, etc. 16605 NW E.G. Buck Larkins City & State Bristol, FL Zip 32321 Country USA		3. Mailing Address Suite, Apt. #, etc. 16605 NW E.G. Buck Larkins City & State Bristol, FL Zip 32321 Country U.S.A.	
4. FEI Number 75-3173360		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

2nd MOORE CR2E034 (4/06)



6. Name and Address of Current Registered Agent HURST, JEREMY R 1479 JEREMY DR. TALLAHASSEE FL 32305		7. Name and Address of New Registered Agent Name Martin, Sidney L. Jr. Street Address (P.O. Box Number is Not Acceptable) 16605 NW E.G. Buck Larkins Rd. City Bristol FL Zip Code 32321	
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 <u>Sidney Martin</u> <u>Sidney L. Martin, Jr.</u> <u>9-4-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE			

FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HURST, JEREMY R 1479 JEREMY DR. TALLAHASSEE FL 32305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTIN, SIDNEY L JR. 16605 N.W. EG BUCK LARKINS RD BRISTOL FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ADKINS, MATTHEW F 11965 NORTHWEST STATE ROAD 20 BRISTOL FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7218 Hatch Lane Grand Ridge, FL 32442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Sidney Martin Sidney L. Martin, Jr. 9-4-06 (850)643-5771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #