

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-24-2005 90024 032 ***150.00
P04000156255

FILED

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SECRETARY OF STATE
TELEPHONE 400-32669 FLORIDA

DOCUMENT # P04000156255		
1. Entity Name JHATS INC		

Principal Place of Business 5781 WANDA LANE DELRAY BEACH, FL 33484	Mailing Address 5781 WANDA LANE DELRAY BEACH, FL 33484
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

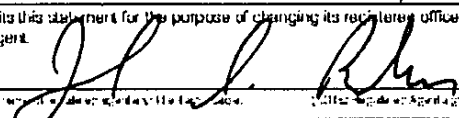


03042005 Chg-P CR2E034 (10/03)

4. FEI Number 30-0289158	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name: JACK S. PARKER Street Address (P.O. Box Number is Not Acceptable): 5781 WANDA LANE City: DELRAY BEACH FL 33484 Zip Code: FL
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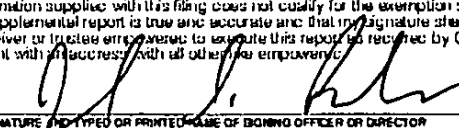
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D PARKER, JACK S 5781 WANDA LANE DELRAY BEACH, FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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 new employees.

SIGNATURE: 

SIGNATURE (BY TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR)