2008 FOR PROFIT CORPORATION

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FILED ANNUAL REPORT Apr 02, 2008 08:00 AN DOCUMENT # P05000004722 Secretary of State J SQUARE REALTY AND DEVELOPMENT CORP. Principal Place of Business Mailing Address **405 CENTRAL AVENUE STE 100 405 CENTRAL AVENUE STE 100** ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701 03282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2169956 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent MILLER, JAY DO NOT WRITE **723 17TH AVENUE N.E.** ST. PETERSBURG, FL 33704 IN THIS SPACE 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. U00000877453 04/14/08-80015-005 150.00 TITLE NAME MILLER, JAY STREET ADDRESS 405 CENTRAL AVE STE 100 CITY-ST-ZIP ST PETERSBURG, FL 33701 TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 affactment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTOR