2006 FUR PROFIL CURFORATION ANNUAL REPORT

DOCUMENT # P05000007079

1. Entity Name IT'S A JEM FINE ART, INC.



FILED Mar 30, 2006 8:00 am Secretary of State

MAING Address 30 7 M MAIN ST. HAVAMAR, FL 32333 2. Principal Place of Business 2. Maing Address 30 7 M MAIN ST. HAVAMAR, FL 32333 3. Maing Address 30 7 M MAIN ST. HAVAMAR, FL 32333 2. Principal Place of Business 2. Suite, Apt. # 90: City & State Applied For Land City & State A FEI Number A Replied For Land City & State A Replied For Land City & State A Replied F							1011		03-30-2006 90	014 001	***158.7	5
HAVANA, FL 32333 HAVANA, FL 32333 A Mainra Address Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State A FEI Number Address of New Registered Agent Name Street Address (PO. Ben Number is Not Acceptable): HAVANA, FL 32333 City FL Zip Code 8. The above nemated acity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonds. I am familiar with, and accept the objective of agent. SIGNATURE Types, two or preferenced agent. SIGNATURE Types, two or pre	Principal Plac	e of Busines	S	Mailing Address				·				
Suite, Apt. #, etc.												
City & States City &	2. Principal Place of Business			3. Mailing Address								
Zip Country Zip Country S. Conflicato of Status Deleted S. \$3.75 Additional Feb Proposed S. Conflicato of Status Deleted S. \$3.75 Additional Feb Proposed S. Conflicato of Status Deleted S. \$3.75 Additional Feb Proposed S. Conflicato of Status Deleted S. \$3.75 Additional Feb Proposed S. Conflicato of Status Deleted S	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03082006	Chg-P	CR2E03	34 (11/05)		
E. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) City City City City City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and society the pullplatons of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and society the pullplatons of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and society the pullplatons of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and society the pullplatons of registered agent and the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and society the pullplatons of registered agent. SIGNATURE SIGNATURE SIGNATURE Designation for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and society the pullplatons of registered agent, or both, in the State of Fiorida. I am familiar with, and society the pullplatons of registered agent. SIGNATURE SIGNATURE Designation for registered agent are the accelerate POTE Registered Agent POTE Registered Agent True Indication After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 SECTION FEE AGENT AGE	City & State			City & State								
Name and Address of Current Registered Agent Name Na	Zip		Country	Zip Country				· .			\$8.75 Add	litional
METCALFE, JOHN E 307 N. MAIN ST. HAVANA, FL 32333 City Cit	6. Name and Address of Current			Registered Agent				7. Name and	Address of New Re			
Signal Address (P.O. Box Number is Not Acceptable) Signal			-			Name			•			
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonds. Tam familiar with, and accept the obligations of registered agent. SIGNATURE	307 N. MA	IN ST.			Street Address			(P.O. Box Number is Not Acceptable)				
B. 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 femiliar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or private name or registered agent and table a scoleculate. FILE NOWITH FEE IS \$150.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE OMETCALFE, JOHN E SIRET AUDRESS CITY-ST-2P TALLAHASSEE, FL 32311 TILE OBelde TILE NAME SIRET AUDRESS CITY-ST-2P TALLAHASSEE, FL 32311 TILE NAME SIRET AUDRESS CITY-ST-2P TILE Delde TILE NAME SIRET AUDRESS CITY-ST-2P TILE Delde TILE NAME SIRET AUDRESS CITY-ST-2P TILE Delde TILE NAME SIRET AUDRESS CITY-ST-2P TILE Delde TILE NAME SIRET AUDRESS CITY-ST-2P TILE TILE Delde TILE NAME SIRET AUDRESS CITY-ST-2P TILE TALLAHASSEE, FL 32311	10 (7) (10 (1 C 02000											
SIGNATURE Signature hybrid name of registered agent and title if accelerable (NOTE: Registered Agent Bignature required when relevatoring) PILE NOWITI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE METCALFE, JOHN E 4266 AVON PARK CIRCLE STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32311 TITLE MAKE METCALFE, CYNTHIA W 4266 AVON PARK CIRCLE STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32311 TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32311 TITLE MAKE STREET ADDRESS CITY-ST-2P TALLAHASSEE, FL 32311 TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS C												
FILE NOWTII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE D METCALFE, JOHN E STREET AUDRESS CITY-ST-2P ITIE D METCALFE, STAHLAHASSEE, FL 32311 STREET AUDRESS CITY-ST-2P ITIE D Delde TILE STREET AUDRESS CITY-ST-2P ITIE D Delde TILE Delde TILE STREET AUDRESS CITY-ST-2P ITIE METCALFE, CYNTHIA W STREET AUDRESS CITY-ST-2P ITIE Delde TILE Delde TILE STREET AUDRESS CITY-ST-2P ITIE METCALFE, CYNTHIA W STREET AUDRESS CITY-ST-2P ITIE Delde TILE Delde TILE MAKE STREET AUDRESS CITY-ST-2P ITIE STREET AUDRESS CITY-ST												
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE D												
TITLE Delete TITL												
MAME SITRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET	10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
SIREET ADDRESS CITY-ST-ZIP TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	,	j -		☐ Detete	TITLE						-Change	Addition
CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE NAME AMETCALFE, CYNTHIA W STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		·										
TITLE NAME METCALFE, CYNTHIA W STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP									-			
NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	D		☐ Delete	TITLE		S				☑-Change	Addition
CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP HAVANA CL 32355 TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	•				MET	TCALFE 2	CYNTHIA W	l .		Í
TITLE NAME STREET ADDRESS CITY-ST-ZIP		l i i i i i i i i i i i i i i i i i i i										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		INCENIA	10012,11 32511	□ Doleto	-	·	7740	AND FE	32355		Chance	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							Cuantic.	LI AUGRICII
TITLE NAME STREET ADDRESS CITY-ST-ZIP												Ì
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					_				•			
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				L.i. Delete							L] Change	L_J Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP												1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP				CITY-	-ST-ZIP]
STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE				·		Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE			☐ Delete			-				Change	Addition
CITY-ST-ZIP CITY-ST-ZIP					NAME	E						_
												-
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	oformation											

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:

SIGNATURE AND TYPED OR PRINTED HAI SIGNING OFFICER OR DIRECTOR