FILED Mar 15, 2006 8:00 am Secretary of State 3/′

2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT						03-02-200	06 90010	038 ***	' 150.00	
1. Entity Nam	MENT #P0500001 S DEPART, INC.									
Principel Plac	e of Susiness	***		1	661	0523	2			
1148 CIRCLE		Mailing Address 1148 CIRCLE DRIVE			1	UUU	10323	J		
	E. FL 32301	TALLAHASSEE, FL 32301								
	, 112 02001	,	•		I INDINERI IA DI	i i a a a a a a a a a a a a a a a a a a	TI etili (eti ipri		(1781 1781	
2. Principal Place of Business 3. Mailing Addres										
		1560 Capital Circle NW			((TITE THE IN ET	ITNI AMB BASH ETSH ETS	TS RESIDENT ENTRE (STATE	EISTE BYR DE	TTERN O FÂTÎN	
Suite, Apt.	#, etc.	Suite, Apt. ∉, etc.			02232006	Chg-P	CR2E034	4 /44/05)		
		Suite 16			02252500	Ong (0.4500	* (11.00)		
City & Stat	8	City & State	City & State Tallahassee, FL 32303		4. FEI Number				plied For	
				03	<u> </u>	<u> 20–2270</u>			t Applicable	
ΖΙp	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add		
					7. Name and Address of New Registered Agent					
	6. Name and Address of Curre		/. Rame and A	outess of New R	Marie	em				
DEPART	JACQUES;\.,	1.48TLIS	Name							
	CLE DRIVE:		Street Address			(P.O. Box Number is Not Acceptable)				
	SSEE, FL 32301	<u> </u>								
٠			City				FL	Zip Code	•	
								<u> </u>		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.										
nio vinigativito di regionale a algani,										
SIGNATURE.			<u>-</u> -							
	Signature/typed or printed name of registered age	ent and the if applicable. (NOTS	Pegissered Agent sig	ARTHUR MICHIGA	d when retressing)		DATE			
FIL	E NOWIII FEE IS \$150.00	Bection Campel Trust Fund Conti		\$5 . □ Add	.00 May Be					
After M	ay 1, 2006 Fee will be \$550	0,00 Trust rund Cont	ibouon. (ISU IO FOSS					
10.	4 OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	S IN 11	
TITLE	PRESIDENT	☐ Delete	TITLE					Change	Addition	
NUME	JACQUES DEPA	<u>e</u> 7	KAME .							
STREET ADDRESS	1148 CIRCLE DE	2	STREET ADDRESS	3						
CITY-SI-ZP	TALLAHASSEE	FL 32301	CITY-ST-ZIP	1					Ì	
TITLE		☐ Delete	mr.				[Change	Addition	
KAME			RAME							
STREET ADDRESS			STREET ADDRES	s						
CLTY-ST-ZP			CITY-ST-ZEP							
TIFLE		Delete	TILE					Change	☐ Addition	
HAME			NAME							
STREET ADORESS			STREET ADDRES	5						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			_				
TITLE		☐ Delete	TITLE					Change	☐ Addition	
HAME			NAME							
STREET ADDRESS			STREET ADDRES	3						
CITY-ST-ZIP			CITY-ST-ZIP	ֈ						
TITLE		Delete	TITLE				[Change	☐ Addition	
NUME			NAME	.						
STREET ADOPESS CITY-ST-ZIP	1		STREET ADDRES	⁵						
							······	7.05	[] Augus.	
IIITE	1	☐ Detete	TITLE				L	Change	Addition	
NAME	<u> </u>		NAME	. }					İ	
STREET ADDRESS CITY-ST-ZIP	1		STREET ADDRES	١,						
	1	The safe and the s			/	D. J. D	4-4- "			
12. I hereby indicated	certify that the information supplied & d on this report or supplemental repor	with this filling does not qualify to it is true and accurate and that n	r the exemptions ny signature shal	contained have the	d in Chapter 119, i same legal effect (Florida Statutes, I as if made under (turther certify oeth; that I am	that the tr an officer	normation or director	
of the corporation of 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 lf changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE:										
SIGNATURE:										



ATTACHMENT 66005233

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2006

JACQUES DEPART, INC. 1560 CAPITAL CIR, NW STE 16 TALLAHASSEE, FL 32303

Subject: JACQUES DEPART, INC.

Reference Number:

P05000018460

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION