# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2006**
**Secretary of State**

DOCUMENT# P05000024294

**Entity Name:** JAMMIN JUICES & PASTRIES, INC.

**Current Principal Place of Business:**

1217 SUNSET STRIP
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

1217 SUNSET STRIP
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number: 20-2243808** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

FOSTER, SHARON N
1217 SUNSET STRIP
SUNRISE, FL 33313 US

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.

SIGNATURE: SHARON N. FOSTER 04/24/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: FOSTER, SHARON N
Address: 1217 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

Title: VPD ( ) Delete
Name: CAMPBELL-DRUMMOND, COLLEEN
Address: 1217 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

Title: TD ( ) Delete
Name: DRUMMOND, DENNIS
Address: 1217 SUNSET STRIP
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON N. FOSTER PD 04/24/2006
Electronic Signature of Signing Officer or Director Date