

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028166

Entity Name: MEDJOOL, INC.

FILED  
Jan 13, 2006  
Secretary of State

## Current Principal Place of Business:

2125 DATE PALM WAY  
VENICE, FL 34929

## New Principal Place of Business:

2125 DATE PALM WAY  
VENICE, FL 34292

## Current Mailing Address:

2125 DATE PALM WAY  
VENICE, FL 34929

## New Mailing Address:

2125 DATE PALM WAY  
VENICE, FL 34292

FEI Number: 20-2390742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOWER, PETER  
2125 DATE PALM WAY  
VENICE, FL 34929 US

## Name and Address of New Registered Agent:

GOWER, PETER  
2125 DATE PALM WAY  
VENICE, FL 34292 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: PETER GOWER

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GOWER, PETER  
Address: 2125 DATE PALM WAY  
City-St-Zip: VENICE, FL 34929

Title: DVST ( ) Delete  
Name: GOWER, PATRICIA  
Address: 2125 DATE PALM WAY  
City-St-Zip: VENICE, FL 34929

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GOWER, PETER  
Address: 2125 DATE PALM WAY  
City-St-Zip: VENICE, FL 34292

Title: DVST (X) Change ( ) Addition  
Name: GOWER, PATRICIA  
Address: 2125 DATE PALM WAY  
City-St-Zip: VENICE, FL 34292

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: PETER GOWER

DP

01/13/2006

Electronic Signature of Signing Officer or Director

Date