

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000041801

Entity Name: JUST INVESTMENTS, INC.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

4 SAWGRASS VILLAGE
SUITE 230B
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

4 SAWGRASS VILLAGE
SUITE 230B
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2536623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALCOLM ANTHONY, P.A.
4 SAWGRASS VILLAGE
SUITE 230B
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANTHONY, MALCOLM
Address: 4 SAWGRASS VILLAGE SUITE 230B
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ANTHONY, ANDREA L
Address: 4 SAWGRASS VILLAGE SUITE 230B
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MANN, W. DOUGLAS
Address: 4 SAWGRASS VILLAGE SUITE 230B
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: MANN, MICHELLE J
Address: 4 SAWGRASS VILLAGE SUITE 230B
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

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: MALCOLM ANTHONY

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date