2007 FOR PROFIT CORPORATION

Apr 19, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P05000043360 J.A.B. HOLDINGS, INC. Principal Place of Business Mailing Address 6101 SECOND MANOR W 6101 SECOND MANOR W PALATKA, FL 32177 PALATKA, FL 32177 CR2E034 (11/05) 03072007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2730439 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BROOKS, CHARLES** DO NOT WRITE 6101 SECOND MANOR W PALATKA, FL 32177 IN THIS SPACE 8. 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 familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE **BROOKS, CHARLES** NAME 6101 SECOND MANOR W STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 TITLE BROOKS, DANA NAME 6101 SECOND MANOR W STREET ADDRESS CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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 addrener like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

U000000717589

04/30/07-80054-004 150.00

FILED