05/01/2006 21:24 6502456986 DIV OF CORP

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07-03-2006 90001 036 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000063229

1. Entity Name
TERI L. JENKINS, INC.

400376653

05022006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
201 MARYLAND DR LAKE WORTH, FL 33460	201 MARYLAND DR LAKE WORTH, FL 33460

2. Principal Place of Business	3. Mailing Address
same	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2802286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JENKINS, TERI L 201 MARYLAND DR LAKE WORTH, FL 33460	Name: same Street Address (P.O. Box Number Is Not Acceptable) City: FL Zip Code

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: Teri L Jenkins 5/1/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JENKINS, TERI L 201 MARYLAND DR LAKE WORTH, FL 33460 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: Teri L Jenkins 5/1/06 561-906-7720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 400976665
#P05000063229

May 1, 2006

Dear Division of Corporations,

I have tried to file an Annual Report via your on-line service for several days. The system has not allowed me to access the appropriate site. I have spoken to a representative from your office and he has instructed me send the attached form along with the fee of $150.00. I apologize for the delay. Please contact me @ 561-906-7720 if I can be of any further assistance.

Sincerely,

Teri Jenkins