


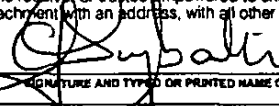
# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

08-07-2006 90044 020 150.00  
P05000074338

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
50024581

<b>DOCUMENT # P05000074338</b>					
1. Entity Name JHHA CORPORATION					
Principal Place of Business 3001 W. HALLANDALE BEACH BLVD SUITE 300 PEMBROKE PARK, FL 33009			Mailing Address 3001 W. HALLANDALE BEACH BLVD SUITE 300 PEMBROKE PARK, FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3011945	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, HENRY 3001 W. HALLANDALE BEACH BLVD SUITE 300 PEMBROKE PARK, FL 33009			7. Name and Address of New Registered Agent		
			Name		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	NAME		THOMAS, HENRY	
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD, SUITE 300	STREET ADDRESS		3001 W. HALLANDALE BEACH BLVD, SUITE 300	
CITY-ST-ZIP	PEMBROKE PARK, FL 33009	CITY-ST-ZIP		PEMBROKE PARK, FL 33009	
TITLE	VP	NAME		SUJBALLI, JHACKLEEN	
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD, SUITE 300	STREET ADDRESS		3001 W. HALLANDALE BEACH BLVD, SUITE 300	
CITY-ST-ZIP	PEMBROKE PARK, FL 33009	CITY-ST-ZIP		PEMBROKE PARK, FL 33009	
TITLE		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 address, with all other like empowered.					
SIGNATURE: 		Date: 8/8/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			