


2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-10-2006 90101 005 ***150.00
P05000076420

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 16 AM 8:19

DOCUMENT # P05000076420			
1. Entity Name JC DISAPPEARING SCREENS, INC.			
Principal Place of Business 6226 S.E. OAKMONT PLACE STUART, FL 34997		Mailing Address 6226 S.E. OAKMONT PLACE STUART, FL 34997	
2. Principal Place of Business 845 SW Enterprise Way Suite, Apt. #, etc.		3. Mailing Address 845 SW Enterprise Way Suite, Apt. #, etc.	
City & State Stuart, FL 34997		City & State Stuart, FL 34997	
Zip 34997	Country	Zip 34997	Country
4. FEI Number 20-2904233		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 VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: / / Steven A. Kirchner Street Address (P.O. Box Number is Not Acceptable): 2414 Foxpoint Trail City: Palm City FL Zip Code: 32909	
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: <i>Steven A. Kirchner</i> DATE: 4-28-06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven A. Kirchner 2414 Foxpoint Trail Palm City, FL 34990 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Steven A. Kirchner</i>		6-12-06 772-631-0167 Date Daytime Phone	