


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90273 016 \*\*\*150.00

<b>DOCUMENT # P05000081994</b>		
1. Entity Name <b>J. BLAIR CORPORATION</b>		

Principal Place of Business <b>8330 NW 47 ST. LAUDERHILL, FL 33351-5535</b>	Mailing Address <b>8330 NW 47 ST. LAUDERHILL, FL 33351-5535</b>
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2. Principal Place of Business <b>1191 E Newport Center Drive</b>	3. Mailing Address <b>1191 E Newport Center Drive</b>
Suite, Apt. #, etc. <b>Penthouse J</b>	Suite, Apt. #, etc. <b>Penthouse J</b>
City & State <b>Deerfield Beach, FL</b>	City & State <b>Deerfield Beach, FL</b>
Zip <b>33442</b>	Country <b>USA</b>



04112006 Chg-P CR2E034 (11/05)

4. FEI Number <b>11-3769738</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BLAIR, JAMES 8330 NW 47 ST. LAUDERHILL, FL 33351-5535</b>	7. Name and Address of New Registered Agent Name <b>BLAIR, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>1191 E Newport Center Drive</b> <b>Penthouse J</b> City <b>Deerfield Beach FL</b> FL Zip Code <b>33442</b>
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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 *James Blair* DATE 4/11/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BLAIR, JAMES 8330 NW 47 ST. LAUDERHILL, FL 333515535 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BLAIR, JAMES 1191 E Newport Center Dr. Penthouse J Deerfield Beach, FL 33442 <input checked="" type="checkbox"/> Change <input 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
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
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
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
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

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: *James Blair* DATE 4/11/2006 DAYTIME PHONE # 954-671-4910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR