


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

07-18-2006 90085 010 \*\*\*150.00

|                                       |   |
|---------------------------------------|---|
| <b>DOCUMENT # P05000132700</b>        |  |
| 1. Entity Name<br><b>BOARDZ, INC.</b> |   |

|  |   |
|--|---|
| Principal Place of Business<br><b>1489 CR 220<br/>ORANGE PARK, FL 32003 US</b> | Mailing Address<br><b>2509 COUNTRYSIDE DRIVE<br/>ORANGE PARK, FL 32003 US</b> |
|--|---|

|  |                       |
|--|-----------------------|
| 2. Principal Place of Business<br><b>365 College Drive</b> | 3. Mailing Address    |
| Suite, Apt. #, etc.<br><b>Suite 105</b>                    | Suite, Apt. #, etc.   |
| City & State<br><b>Middleburg FL</b>                       | City & State          |
| Zip<br><b>32068</b>  | Country<br><b>USA</b> |

**40099741**



07102006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>20-3528747</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>JAMKE, ANN E<br/>2509 COUNTRYSIDE DRIVE<br/>ORANGE PARK, FL 32003</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.

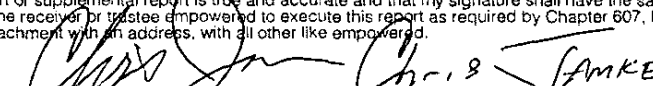
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>JAMKE, CHRISTOPHER M<br/>2509 COUNTRYSIDE DRIVE<br/>ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>JAMKE, ANN E<br/>2509 COUNTRYSIDE DRIVE<br/>ORANGE PARK, FL 32003</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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:**  **Chris Jamke** **7/13/06** **904 272 8499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40099741

DuVal Fields Consulting, LLC

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July 11, 2006

# 05 000132700

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Boardz, Inc.  
Form: 2006 Uniform Business Report

Dear Sir/Madam:

Our client Boardz, Inc. has received a notice from you regarding their corporation being administratively dissolved for non filing of the Uniform Business Report.

Boardz, Inc. is a new corporation formed October 1, 2005. They did not know that there was an annual report that had to be filed with the state. They also did not receive the card from your office that would have notified them that the annual form and payment was due by May 1.

Enclosed is the 2006 annual report and the \$150 filing fee. We are asking that you remove the late filing fee of \$400 since they were unaware that this was due. They now know that this is an annual return and will make sure that it is filed timely in the future.

Thank you for your attention to this matter. If you have any questions, please contact me at (904) 269-1069.

Sincerely,

Renee Deel  
Staff Accountant

cc: Chris Jamke

Investment products and investment services are offered through representatives of  
Jefferson Pilot Securities Corporation, Member NASD, SIPC, Boston Stock Exchange  
Branch Office: 605 Crescent Executive Court, Suite 100  
Lake Mary, FL 32746 321-206-0020

Enclosures

428 WALNUT STREET • GREEN COVE SPRINGS, FLORIDA 32043 • (904)269-1069 • FAX (904)269-4170  
14 OFFICE PARK DRIVE, SUITE 3 • PALM COAST, FLORIDA 32137 • (386)447-7585 • FAX (386)246-3799

advice@duvalfields.com