2006 FOR PROFIT CORPORATION

FILED 2006 OCT 20 AM 9: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT # P05000149387					

1. Entity Name JSL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 5137 CASTELLO DR 5137 CASTELLO DR NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business
6017 P. NER. DSEROAD 3. Mailing Address 307 COODLETTU RD STM Suite, Apt. #, etc. 10172006 CR2E034 (11/05) # 203 City & State City & State 4. FEI Number Applied For FL NAPUS I-LOR, DA NAPLES APPLIED FOR 06-1772862 Not Applicable 34119 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П u s A 34102 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOTTLIEB, SHELDON L ESQ. Street Address (P.O. Box Number is Not Acceptable) 9555 N, KENDALL DR. **SUITE 211** MIAMI, FL 33176 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61,25 Trust Fund Contribution Added to Fee 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, 11. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTIONS

SVOBODA, E. RENEE

6017, PINE RIDGE POAD

NAPLES - FL - 34119

ELLERBY, BR. AN

207, GOODLETTE AD SIN \$203 B TITLE **PVD** TITLE Change ☐ Delete Addition ELLERBY, BRIAN NAME NAME STREET ADDRESS 9555 N. KENDALL DR. SUITE 211 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE n ☐ Delete TITLE ☐ Addition HUDD, NEIL P NAME NAME STREET ADDRESS 2851 W. KEITHTEEN RD STREET ADDRESS NAPLES - FL- 34102 PHOENIX, AZ 85053 CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 300081083983 STREET ADDRESS STREET ADDRESS 10/20/06--01067--008 **61.25 CITY-ST-ZIP CITY-ST-77P TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 yith an address, with all other like empowered.

BRIAN ELLERBY

10/17/06 239-248-3720 Detd Daytime Phone #