2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # P05000153383 1. Entity Name JAMM THREE, INC.						04-25-2006 90104 050 ***158.75				
Principal Place of Business Mailing Address				-						
2900 UNIVERSITY DRIVE		2900 UNIVERSITY D			anns	1601				
CORAL SPRINGS, FL 33065		CORAL SPRINGS, FL 33065				. guov	د			
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2. Principal P	lace of Business	3. Mailing Address			:					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				03012006	Chg-P	CR2E034 (11	/05)	
City & City		City & State				4 55131		· · · · · · · · · · · · · · · · · · ·		aliad Far
City & State		City & State				4. FEI Numbe	20-3971370	-		olied For Applicable
Zip	Country	Zip Cour		try				no \$8.7		
						5. Certificate	of Status Desired	Eee Ro		
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New R	egistered Agent		
RAHAEL, GEORGE				Name						
2900 UNIVERSITY DRIVE				Street Address (P.O. Box Number is Not Acceptable)						
CORAL SE	PRINGS, FL 33065			<u> </u>						····
					····					
				City				FL Zip	Code	,
	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or	register	ed agent, or both	n, in the State of Flo	rida. I am familiai	r with, a	and accept
SIGNATURE										
	Signature, typed or printed name of registered age	nt and title if applicable (N	AOTE: Registere	d Agent signate	n _e redmited	(when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7. Election Campaign Finan Trust Fund Contribution.						.00 May Be ed to Fees				
10.	OFFICERS AN	D DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE	D DANASI OFOROS	Delete	TITLI		Р			☐ Cr	nange	Addition
NAME STREET ADDRESS	RAHAEL, GEORGE			et address	1	ahael, George				
CITY-ST-ZIP			-ST-ZIP		900 University Drive					
TITLE	☐ Delete TITL			Coral	Coral Springs, FL 33065				X Addition	
NAME		La consta	NAM		Raha	el, Pauline			ionge	A Production
STREET ADDRESS			EET ADDRESS	2900	2900 University Drive					
CITY-ST-ZIP	cm		-ST-ZIP	Coral	Coral Springs, FL 33065					
TITLE		☐ Delete	1111	E	٧			☐ Ct	ange	X Addition
NAME STREET ADDRESS			NAM	ie Eet address		el, Joseph				
CITY-ST-ZIP				-ST-ZIP		University D				
DITLE		☐ Delete	TITU		Cora	LSprings, FL	33065	Cr	anner	Addition
NAME			NAM		į				a.i.go	, reduitor
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CITY-ST-ZIP				/-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
12. I hereby	certify that the information supplied w	ith this filing does not qualify	y for the ex	emptions of	ontained	d in Chapter 119	, Florida Statutes. I	further certify tha	t the in	formation

The covered that the intermediate supplied with this filling does not quality 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 logal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empoyed 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.

SIGNATURE:

George Rahael, President

4/15/06

954-753-9500

Date

Daytime Phone #