
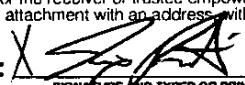


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90180 039 ***150.00

DOCUMENT # P05000157818 1. Entity Name JOMARSER, INC.					
Principal Place of Business 3974 AVALON BLVD. MILTON, FL 32583			Mailing Address 6657 HUNT STREET MILTON, FL 32570		
2. Principal Place of Business		3. Mailing Address 3974 AVALON BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MILTON FL		4. FEL Number 20-3927528	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32583		SANTA ROSA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RECANATI, SERGIO 6657 HUNT STREET MILTON, FL 32570			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reappointing) DATE _____					
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	VP/D RECANATI, SERGIO 6657 HUNT STREET MILTON, FL 32570		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTHONY DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RECANATI, ANTHONY 6657 HUNT STREET MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROHLING, MARK 4005 DEERWOOD CIRCLE PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELLIS, CATHERINE 9856 INDIAN FORD RD MILTON, FL 32570	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GRZESIAK, DEBORAH 5706 SWEET BIRCH LANE MILTON, FL 32583		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D GEORGE, JOANNE 2135 NORTH COURTENAY PARKWAY APT D-233 MERRITT ISLAND, FL 32953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GEORGE, JOANNE 5428A MILLSTONE CIRCLE MILTON, FL 32570	
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: 			4/28/06 850 623 8666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		