2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P06000000160** 1. Entity Name I J N PUBLISHING, INC. Principal Place of Business Mailing Address 2950 NE 190TH ST #305 2950 NE 190TH ST #305 AVENTURA, FL 33180 AVENTURA, FL 33180 04272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4089316 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHARPE, GERALD DO NOT WRITE 2950 NE 190TH ST #305 AVENTURA, FL 33180 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) H00000948734 9. Election Campaign Financing \$5.00 May Be 06/02/08-80067-005 150.00 FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CEO NAME SHARPE, GERALD 2950 NE 190TH ST #305 STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE $\Pi\Pi E$ NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP nn e NAME STREET ADDRESS CITY-ST-ZIP d dith this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 12. I hereby certify that the information suppliindicated on this report or sup of the corporation or the recel eport 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 e 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 attachme

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR