FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # PO6000014551 FILED Just -in - Case unlimited, Inc. 2007 NOV 15 PM 1:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 82. Hoot ow) Hollow 3. Mailing Address
82 floot aw 1 Halow Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034B (8/05) 4. FEI Number Applied For rawforduille, Fl. missordulle, E Not Applicable \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent burn L'Moralilin DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE HOOF OWN HORIOW FL 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 and title if applicable (NOTE: Registered Agent signature required when reinstating January 1 - May 2 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. will burn i maallin TITLE. TITI F z thoot own Hollow NAME NAME STREET ADDRESS STREET ADDRESS Evalutorduille, Fl. 32327 CITY-ST-ZIP CITY-ST-ZIP P Teresa moralising TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 700112462567 11/20/07--01042--009 **150, rawladuile. El 32327 CITY-ST-ZIP CITY-ST-ZIP Edd Earl Magallin TITLE TITLE 82 HOOT OW! HONOW NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE Crawfordville, Fl. 3232 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME CINSTATEMENT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 on an attachment with an address with all other like empowered.

SIGNING OFFICER OR DIRECTOR

The Annual Report notice for

Just - in - case unlimited Inc.

Doc. # POLODOO141551

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