

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90012 020 \*\*\*150.00

<b>DOCUMENT # P06000022997</b> 1. Entity Name <b>JASMINE DARBY, PA</b>					
Principal Place of Business <b>13335 STARLING STREET</b> <b>SPRING HILL, FL 34609 US</b>			Mailing Address <b>13335 STARLING STREET</b> <b>SPRING HILL, FL 34609 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-4277130</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DARBY, JASMINE</b> <b>13335 STARLING STREET</b> <b>SPRING HILL, FL 34609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$650.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DARBY, JASMINE</b> <b>13335 STARLING STREET</b> <b>SPRING HILL, FL 34609</b>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>		
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.					
<b>SIGNATURE:</b> <u>Jasmine Darby</u> <span style="float: right;"><u>2/26/07</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					