2008 FOR PROFIT CORPORATION ANNUAL REPORT

n musice empowered to execute this report han address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

WILKELDY ZIEGLEST

SECRETARY

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # P07000066319 04-17-2008 90029 040 ***150.00 1. Entity Name J&B ALLIANCE, INC. Principal Place of Business Mailing Address dullana 4122 BOCA WOODS DRIVE 4122 BOCA WOODS DRIVE ORLANDO, FL 32826 ORLANDO, FL 32826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 14-2002003 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150:00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Chief Executive Officer Delete TITLE Change Addition DITLE Christian Joffre NAME NAME STREET ADDRESS STREET ADDRESS 4122 Boca Woods Drive CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32826 Chief Financial Officer Addition TITLE ☐ Delete TITLE Change NAME Christian Joffre NAMÉ STREET ADDRESS STREET ADDRESS 4122 Boca Woods Drive CITY-ST-2IP CITY-ST-7IP Orlando, FL 32826 TITLE Addition Secretary ☐ Change TITLE ☐ Delete NAME Wilhelm J. Ziegler, Esq. NAME STREET ADDRESS STREET ADDRESS c/o Arnall Golden Gregory LLP, 171 17th St., NW, Ste. 2100 CITY-ST-ZIP CITY-ST-ZIP Atlanta, GA 30363 ☐ Change ☐ Addition ☐ Delete TITLE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I nereby 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 it 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.

FILED