
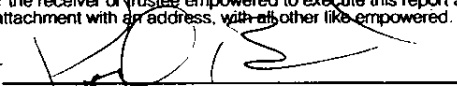


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 001 ***158.75

DOCUMENT # P07000125786 1. Entity Name JAPHA, INC.																														
Principal Place of Business 714 NW 8TH AVE DANIA BEACH, FL 33004		Mailing Address 714 NW 8TH AVE DANIA BEACH, FL 33004																												
2. Principal Place of Business - No P.O. Box # 4077 Wilkes Drive	3. Mailing Address 4077 Wilkes Dr																													
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 																													
City & State Melbourne, FL	City & State Melbourne, FL																													
Zip 32901	Country USA (Brevard)	Zip 32901																												
Country USA (Brevard)	Country USA (Brevard)																													
6. Name and Address of Current Registered Agent BELMONT, PETER JR 714 NW 8TH AVE DANIA BEACH, FL 33004		7. Name and Address of New Registered Agent Name Peter Belmont, Jr. Street Address (P.O. Box Number is Not Acceptable) 4077 Wilkes Dr. City Melbourne FL Zip Code 32901																												
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)</small>																														
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 70%; padding: 2px;"> P BELMONT, PETER 714 NW 8TH AVE DANIA BEACH, FL 33004 <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 70%; padding: 2px;"> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Delete</div></td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Delete</div></td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Delete</div></td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Delete</div></td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Delete</div></td><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELMONT, PETER 714 NW 8TH AVE DANIA BEACH, FL 33004 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/19/08 Daytime Phone # 321-591-2002																												