2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000002039

City-St-Zip:

BOCA RATON, FL 33432

Entity Name: AMERICAN JURY CENTERS, INC.

FILED Jul 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1257 DEERWOOD DRIVE SAN DESTIN, FL 32550 **Current Mailing Address: New Mailing Address:** 1257 DEERWOOD DRIVE 242 WINTERBERRY LOOP SAN DESTIN, FL 32550 HAILEY, ID 83333 FEI Number: 42-1754528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SIMON, TRACY CAMPO, ALLAN 1257 DÉERWOOD DRIVE 840 BARCELONA DRIVE BOCA RATON, FL 33432 US SAN DESTIN, FL 32550 US 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. SIGNATURE: ALLAN CAMPO 07/14/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CAMPO, ALLAN Name: Name: 1257 DEERWOOD DRIVE Address: Address: City-St-Zip: SAN DESTIN, FL 32550 City-St-Zip: Title: Title: (X) Change () Addition () Delete SIMON, STUART A PRES SIMON, STUART Name: Name: 840 BARCELONA DRIVE 840 BARCELONA DRIVE Address: Address: BOCA RATON, FL 33432 BOCA RATON, FL 33432 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SIMON, TRACY Name: Name: 840 BARCELONA DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STUART SIMON **PRES** 07/14/2009