2006 FOR PROFIT CORPORATION

May 30, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P17910 1. Entity Name JONES-BLAIR COMPANY Principal Place of Business Mailing Address % C T CORPORATION P.O. BOX 35286 2728 EMPLIRE CENTRAL DALLAS, TX 75235 US DALLAS, TX 75235 05102006 Na Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 75-0366370 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 agant and title if applicable (NOTE Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME JONES, JERRY STREET ADDRESS 2728 EMPIRE CENTRAL CITY-ST-ZIP **DALLAS, TX 75235** TITLE U00000566298 HAMBLEN, DAN MAME 05/30/06-80004-008 150.00 STREET ADDRESS 2728 EMPIRE CENTRAL City-St-Zip **DALLAS, TX 75235** TITLE HAMBLEN, DAN NAME 2728 EMPIRE CENTRAL STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DALLAS, TX 75235 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Underby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trustee empoyered 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED