


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000008923

1. Entity Name
JUCFAM ASSOCIATES, INC.



Principal Place of Business Mailing Address

1919 RIDGE ROAD **25802 PRAIRIESTONE DR**
NORTH PALM BEACH, FL 33408 **LAGUNA HILLS, CA 92653**



04132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0372338 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

AVIZONIS, LINDA V
1933 RIDGE RD.
NORTH PALM BEACH, FL 33408

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO AVIZONIS, LINDA V 25802 PRAIRIESTONE DR LAGUNA HILLS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIAUKUS, MILDA E 21 BROWNSON DR HUNTINGTON, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUCENAS, ANTHONY L 2291 MIRASOL DR VISTA, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLO, GAILE 230 FULLER RD. CENTERVILLE, MA 02632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/06-80016-022 150.00

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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: Linda V. Avizonis Date: 4/13/06 Daytime Phone #: 949 362 1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #