
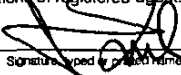
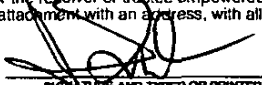


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90013 048 ***150.00

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|--|---|--|---|
| DOCUMENT # P92000010967 1. Entity Name DOR-JAM, INC. | |  | |
| Principal Place of Business 8821 ONE PUTT PLACE PORT SAINT LUCIE, FL 34986 US | | Mailing Address 8821 ONE PUTT PLACE PORT SAINT LUCIE, FL 34986 US | |
| 2. Principal Place of Business 8604 TOMPSON POINT ROAD Suite, Apt. #, etc. | | 3. Mailing Address 8604 TOMPSON POINT ROAD Suite, Apt. #, etc. | |
| City & State ST LUCIE WEST FL | | City & State ST LUCIE WEST, FL | |
| Zip 34986 | Country USA | Zip 34986 | Country USA |
| 4. FEI Number 65-0379213 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ZAHARAKO, JAMES G 8821 ONE PUTT PLACE PORT SAINT LUCIE, FL 34986 | | 7. Name and Address of New Registered Agent Name JAMES G. ZAHARAKO Street Address (P.O. Box Number is Not Acceptable) 8604 TOMPSON POINT ROAD City ST LUCIE WEST FL Zip Code 34986 | |
| 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  JAMES G. ZAHARAKO 3-4-06 <small>Signature of registered agent and title if applicable. (NOTE: Registered Agent Signature required when re-registering) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE D <input type="checkbox"/> Delete NAME ZAHARAKO, JAMES G STREET ADDRESS 8821 ONE PUTT PLACE CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 | TITLE D <input type="checkbox"/> Delete NAME ZAHARAKO, DOROTHY B STREET ADDRESS 8821 ONE PUTT PLACE CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 | TITLE D <input type="checkbox"/> Delete NAME ZAHARAKO, DOROTHY B STREET ADDRESS 8821 ONE PUTT PLACE CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 | TITLE D <input type="checkbox"/> Delete NAME ZAHARAKO, DOROTHY B STREET ADDRESS 8821 ONE PUTT PLACE CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 |
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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:  JAMES G. ZAHARAKO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 3/4/06 Daytime Phone # 305-632-8133 | |