


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P92000011020</b> 1. Entity Name <b>ACES OF JACKSONVILLE, INC.</b>	
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Principal Place of Business <b>2120 CORPORATE SQ BLVD 24 JACKSONVILLE, FL 32216 US</b>	Mailing Address <b>2120 CORPORATE SQ BLVD 24 JACKSONVILLE, FL 32216 US</b>
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01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3162026</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BALL, JOHN S 2600 INDEPENDENT SQUARE JACKSONVILLE, FL 32202</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PINA, JESSE 12369 BRIGHTON BAY TRAIL NORTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCI, PINA 12369 BRIGHTON BAY TRAIL NORTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARBELL, MONIQUE 2120 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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04/25/07-80052-002 150.00

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:**

*Jesse Pina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07

Date

904-721-5511

Daytime Phone #