2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 20, 2006 08:00 AN DOCUMENT # P93000031743 Secretary of State 1, Entity Name JUPITER COMMODITIES, INC. Principal Place of Business Mailing Address 18721 SE FED HWY 18721 SE FED HWY TEQUESTA, FL 33469 JUPITER, FL 33469 US 01122006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0405757 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILROY, ALAN G DO NOT WRITE 18721 SE FED HWY TEQUESTA, FL 33469 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE MILROY, ALAN NAME 18721 SE FED HWY STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 TITLE U00000394668 01/26/06-80020-006 150.00 NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME

12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver for trusted empower than the corporation of the receiver for trusted empower. lying does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director 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 affachn e empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP THE E NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ER OR DIRECTOR

1-16-05