Applied For Not Applicable

2004 FOR PROFIT CORPORATION ANNUAL REPORT				150
DOCUMENT # P9400003243 1. Entity Name JRC INVENTIONS, INC.	34		FILE	D
Principal Place of Business	Mailing Address	THE STATE OF THE S	2004 MAY - 7 F	
1	210 COLONIAL LANE LONGWOOD, FL 32750		SECRETARY OF TALLAHASSEE, F	STATE LORIDA
The state of the s			04232004 No Chg-P	CR2E034 (10/03)
DO NOT WRITE I	N I HIS SPA	UE .	4. FEI Number 59-3298412 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Reg	istered Agent —	الله الواصلة (المناه ا		Salahan Salaha
RAMSEUR, F.F. 210 COLONIAL LANE LONGWOOD, FL 32750			DO NOT W IN THIS SF	المهورية فينا بالمياك الأنها الأناء المتاكسة
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE	purpose of changing its register	ed office or register	red agent, or both, in the State of Flo	rida. I am familiar with, and accept
Signature, typed or printed name of registered agent and tit	le if applicable. (NOTE: Registere	ed Agent signature required	d when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.	neing \$5 .	.00 May 8300036: led to Feeb / 13/0401057	931473 2003 **641.25
10 DESICERS AND DID	ECTORS		PROPERTY OF THE SECOND	1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

PSD TITLE NAME RAMSEUR, FRANKLIN F III STREET ADDRESS 210 COLONIAL LANE LONGWOOD, FL 32750 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR