2005 FOR PROFIT CORPORATION
__ANNUAL REPORT -

Mar 28, 2005 08:00 AM Secretary of State DOCUMEN # P94000061784 1. Entity Name JJU, ÍNC. Principal Place of Business Mailing Address 2418 NW 32ND STREËT 2418 NW 32ND STREET BOCA RATON, FL 33431 BOCA RATON, FL 33431 US 03222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0543079 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UNDERWOOD, JOHN J DO NOT WRITE 2911 NW BANYAN BLVD CIR BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if he Mcable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 After May 1, 2005 Fee will be \$550.00 U00000278812 dded to Fees 03/28/05-80040-010 150.00 OFFICERS AND DIRECTORS 10. TITLE UNDERWOOD, III J NAME STREET ADDRESS **2418 NW 32ND STREET** CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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 eath, 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.

CITY-ST-ZIP

TITLE

NAME

STREET ABORESS

CITY-ST-ZIP

SIGNATURE: ALACLICATION TORN T. UND STUDIO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

3/24/05

561-715-3451

Daytime Phone #

FILED