2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P94006089720 Feb 03, 2005 08:00 AM 1. Entity Name J.T. INTERNATIONAL, INC. **Secretary of State** Mailing Address Principal Place of Business 2560 IROQUOIS CIRCLE 2560 IROQUOIS CIRCLE W. PALM BEACH, FL 33409 W. PALM BEACH, FL 33409 CR2E034 (10/03) No Chg-P 01282005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0563612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMARAL, M P DO NOT WRITE 10735 SHADY POND LANE BOCA RATON, FL 33428 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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEET\$ \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS UN0000214110 02/03/05-80098-005 158.75 P/S TITLE JOHNSON, EUGENIA T NAME 2560 IROQUOIS CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 7373 F JOHNSON, NORMAN CUR. NAME STREET ADDRESS 2560 IROQUOIS CIRCLE CITY-ST-ZIP WEST PALM BEACH, FL 33409 mre NAME STREE DOORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 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.

EU GEVIA T. TOHNSON

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR

1/31/05

561)832-3774