2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000089720

1. Entity Name

J.T. INTERNATIONAL, INC.



FILED Feb 07, 2007 08:00 Al Secretary of State

Principal Place of Business

2560 IROQUOIS CIRCLE W. PALM BEACH, FL 33409 Mailing Address

2560 IROQUOIS CIRCLE W. PALM BEACH, FL 33409



01072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0563612

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

6. Name and Address of Current Registered Agent

JOHNSON, EUGENIA T 2560 IROQUOIS CIR WEST PALM BEACH, FL 33409

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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS P/S MILE NAME JOHNSON, EUGENIA T STREET ADORESS 2560 IROQUOIS CIRCLE CITY-ST-7IP WEST PALM BEACH, FL 33409 U00000626759 02215207=80032=011 158.75 TITLE JOHNSON, NORMAN C JR. NAME STREET ADDRESS 2560 IROQUOIS CIRCLE CITY-ST-7IP WEST PALM BEACH, FL 33409 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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

SENTINE AND TYPED OFFINTED NAME OF SIGNING OFFICER OR DIRECTOR

11

0/06 (561) 832-3774

Daytime Phone #