

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90063 001 \*\*\*150.00

<b>DOCUMENT # P95000014583</b> 1. Entity Name JELLY BEAN JUNGLE PUBLISHING, INC.			
Principal Place of Business 1915 HARRISON STREET HOLLYWOOD, FL 33020		Mailing Address 600 NE 36ST PH9 MIAMI, FL 33137	
2. Principal Place of Business 600 N.E. 36 ST. Suite, Apt. #, etc. PH-9 City & State Miami, FL Zip 33137 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 65-0558051		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOUGLAS BISCHOFF, ESQ. MORGAN, LEWIS & BOCKIUS, LLP 200 S. BISCAYNE BLVD, #5300 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC RODGERS, THOMAS E. J 1915 HARRISON ST HOLLYWOOD, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 N.E. 36 ST. PH-9 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH MCKEAN 6401 SW 87TH AVENUE, 2ND FLOOR MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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: <i>Thomas E. Rodgers, Jr.</i>		Date: 2/7/06 Daytime Phone #: 305 576-4110	

Thomas E. RODGERS, JR.