2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000001616

City-St-Zip:

Title:

Name:

Address: City-St-Zip: LARGO, FL 33770 US

500 TRINITY LANE #6201

VP () Delete MAGNANI, INGRID S MS

ST PETERSBURG, FL 33716 US

Entity Name: JSS PROPERTY PROFESSIONALS, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10640 47TH STREET NORTH CLEARWATER, FL 33716 **Current Mailing Address: New Mailing Address:** 10640 47TH STREET NORTH CLEARWATER, FL 33716 FEI Number: 59-3353052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUAREZ, SCOTT SUAREZ, SCOTT J 1675 SUŃNYBROOKE LANE 1675 SUNNYBROOKE LANE CLEARWATER, FL 33764 CLEARWATER, FL 33764 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. SIGNATURE: J SCOTT SUAREZ 04/26/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: **PRFS** (X) Change () Addition Name: SUAREZ, SCOTT MR Name: SUAREZ, SCOTT J MR 1675 SUNNYBROOKE LANE 1675 SUNNYBROOKE LANE Address: Address: City-St-Zip: CLEARWATER, FL 34624 US City-St-Zip: CLEARWATER, FL 34624 US Title: Title: () Delete () Change () Addition Name: SUAREZ, RHONDA L MRS Name: 1675 SUNNYBROOKE LANE Address: Address: City-St-Zip: CLEARWATER, FL 34624 US City-St-Zip: () Delete Title: Title: () Change () Addition BELLWOOD, TERRY MR Name: Name: 3924 HIGH BLUFF DR. Address: Address: City-St-Zip: LARGO, FL 33770 US City-St-Zip: Title: () Delete Title: () Change () Addition SCIARRETTA, RONALD P MR Name: Name: Address: 3226 8TH AVE S. Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: INGRID SHAWN MAGNANI VP 04/26/2006

(X) Change () Addition

MAGNANI, INGRID S MS

20007 NOB OAK AVE

TAMPA, FL 33647 US