2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 21, 2007 08:00 AM DOCUMENT # P96000029035 **Secretary of State** 1. Entity Name JSE CONSTRUCTION, INC. Principal Place of Business Mailing Address 17999 49TH ST N 17999 49TH ST N LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 No Chg-P CR2E034 (11/05) 03152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0656140 Not Applicable \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent ELLER, JEFFREY DO NOT WRITE 17999 49TH ST N LOXAHATCHEE, FL 33470 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) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 0000000674178 Trust Fund Contribution. Added to Fees 03/29/07-80058-009 150.00 10. OFFICERS AND DIRECTORS TITLE NAME ELLER, JEFFREY STREET ADDRESS 17999 49TH ST N CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE ELLER, NANCY NAME STREET ADDRESS 17999 49TH ST N CITY-ST-ZIP LOXAHATCHEE, FL 33470 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 truebee 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

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

S. Eller President 3/19/07

FILED