


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000031981</b>	
1. Entity Name <b>JESSERT CORPORATION</b>	

Principal Place of Business <b>226 CENTER ST. NO. A-1 JUPITER, FL 33458</b>	Mailing Address <b>226 CENTER ST. NO. A-1 JUPITER, FL 33458</b>
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**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0672619</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**LOBRUTTO, ROBERT  
4210 PLUMOSA ST  
WEST PALM BEACH, FL 33408**

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>LOBRUTTO, ROBERT</b>
STREET ADDRESS <b>4210 PLUMOSA ST</b>	
CITY - ST - ZIP <b>WEST PALM BCH, FL 33408</b>	
TITLE <b>VP</b>	NAME <b>LOBRUTTO, JOSEPH</b>
STREET ADDRESS <b>115 WATER WAY RD</b>	
CITY - ST - ZIP <b>ROYAL PALM BCH, FL 33411</b>	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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08/12/04-80007-025 150.00

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.

SIGNATURE: 	Date: <b>8/6/04</b>	Daytime Phone #: <b>744-0028</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		