2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 17, 2006 08:00 AM Secretary of State DOCUMENT # P96000033022 JEFFREY - MARIE, INC. Principal Place of Business Mailing Address 3720 S DIXIE HWY 3720 S DIXIE HWY WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0670554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BRAMS, WARREN B ESQURIE DO NOT WRITE 1645 PALM BEACH LAKES BLVD SUITE 680 IN THIS SPACE WEST PALM BEACH, FL 33401 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) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME RAPHAEL, JEFFREY STREET ADDRESS 3720 S. DIXIE HIGHWAY WEST PALM BECH, FL 33405 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C)TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE MAME STREET ADDRESS CITY-ST-ZIP

FILED