4/18 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P96000047566 1. Entity Name 04-18-2001 90040 038 ***150.00 JTK ADVISORY INVESTMENT SERVICES INC Principal Place of Business Mailing Address 7040 W PALMETTO PARK RD #4-255 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. PEI Number Applied For Not Applicable 65-0673305 Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAM L PLATTER 7040 W PALMETTO PARK RD #4-255 Zip Code BOCA RATON, FL 33433 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. SIGNATURE 💯 WILLIAM L PLATTER, PRES 04/11/2001 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 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P/D Deleta TITLE Change Addition NAME WILLIAM L PLATTER NAME STREET ADDRESS 7040 W PALMETTO PARK RD #4-255 STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP BOCA RATON, FL 33433 TITLE Dalete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Deleta Addition Change NAME NAME STREET ADORESS STREET ADDRESS CITY - SY - ZIP CITY - ST - ZIP TILE Delete TITLE Change Addition NAME NAUF STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L PLATTER, PRES

4/12/2001 305-266-6564 Daytime Phone #

STF FL32581F.1

FILED May 22, 2001 8:00 am Secretary of State