2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2006 08:00 AM **DOCUMENT # P96000069587 Secretary of State** JOSÁM PRODUCTS, INC. Principal Place of Business Mailing Address 8849 EXCHANGE DRIVE 8849 EXCHANGE DRIVE ORLANDO, FL 32809 ORLANDO, FL 32809 01052006 No Chp-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3400052 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLANSON, KJELL A DO NOT WRITE 8849 EXCHANGE DRIVE ORLANDO, FL 32809 IN THIS SPACE 3. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 1/00000392405 Trust Fund Contribution, Added to Fees /24/06-80076-024 150.00 10. OFFICERS AND DIRECTORS TITLE ALLANSON, KJELL A NAME 8849 EXCHANGE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78 TITLE

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 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	Ξ		2
-----------	---	--	---

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06

IN THIS SPACE

407-438-7070

Daytime Phone #

FILED

KJELL A ALLANSON President.