2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

## Mar 06, 2006 08:00 AM DOCUMENT # P96000081317 Secretary of State 1. Entity Name BROADNAX & JAMES, INC. Principal Place of Business Mailing Address 5109 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405-3226 5109 S. DIXIE HIGHWAY WEST PALM BEACH FL 33405-3226 2. Principal Place of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. It, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 65-0699421 Not Applicable Zip Country 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 HERRON, JAMES C Street Address (P.O. Box Number is Not Acceptable) 307 NW 13TH AVENUE CAPE CORAL FL 33993 City Zip Code 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 pointed name of registered agent and title if applicable (NOTE: Registered Agent signature/required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSD TITLE Delcte THILE ☐ Change ☐ Addre NAME HERRON, JAMES C NAME STREET ADDRESS 307 NW 13TH AVENUE STREET ADDRESS 0000004572**93** 03/16/06 80062-025 CITY-ST-ZIP CAPE CORAL FL 33993 CITY-ST-709 \_150\_03 TITLE ☐ Delete TITLE Ackerti ☐ Change MAME NAME STREE! ADURESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE Oelete HILE ☐ Change ☐ Addiii. NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CHY-SI-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addison NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW TILE ☐ Delete ☐ Change ☐ Address NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THLE ☐ Detete TITLE Change III ACC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

March 2. 2006 454-648-031