2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P97000015064

Entity Name: HOUSE OF JAZZ, INC.

Current Principal Place of Business:

7603 PALOMAR ST.
FT. PIERCE, FL 34951 US

New Principal Place of Business:

Current Mailing Address:

7603 PALOMAR ST.
FT. PIERCE, FL 34951 US

New Mailing Address:

FEI Number: 65-0737127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CREBASSA, MARY A
7603 PALOMAR ST.
FT. PIERCE, FL 34951 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEE, LARRY JR
Address: 2209 SOUTH 25TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: DT ( ) Delete
Name: CREBASSA, MARY A
Address: 7603 PALOMAR ST
City-St-Zip: FORT PIERCE, FL 34951

Title: DVP ( ) Delete
Name: NICKSON, STIX
Address: 410 CORNWALL AVE.
City-St-Zip: PORT ST. LUICE, FL 34983

Title: DP ( ) Delete
Name: MAYO, BETTYE JO W
Address: 894 S.E. SOLAZ AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: DS ( ) Delete
Name: DEAN, GINA
Address: 1005 KENTUCKY AVE.
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: JAMES, MICHAEL
Address: 2637 N.E. CLARETON TERR.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN CREBASSA DT 04/19/2005

Electronic Signature of Signing Officer or Director Date