2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90313 038 ***150.00

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DOCUMENT # P97000015064

1. Entity Name
HOUSE OF JAZZ, INC.

Principal Place of Business	Mailing Address
7603 PALOMAR ST. FT. PIERCE, FL 34951 US	7603 PALOMAR ST. FT. PIERCE, FL 34951 US

04052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
315 Avenue A Suite, Apt. #, etc.	315 Avenue A Suite, Apt. #, etc.
City & State: Fort Pierce FL	City & State: Fort Pierce FL
Zip: 34950 Country: USA	Zip: 34950 Country: USA

4. FEI Number: 65-0737127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Cavalcanti, Glynda
Street Address (P.O. Box Number is Not Acceptable): 315 Avenue A
City: Ft. Pierce FL Zip Code: 34950

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: Glynda W Cavalcanti DATE: 4/6/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, LARRY JR 2209 SOUTH 25TH STREET FORT PIERCE, FL 34950	☐ Delete	DT CAVALCANTI, GLYNDA 315 AVENUE A FT. PIERCE, FL, 34950	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CREBASSA, MARY A 7603 PALOMAR ST FORT PIERCE, FL 34951	☒ Delete	D MILLER, JOSEPH 5500 ORANGE AVENUE FT. PIERCE, FL 34947	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP NICKSON, STIX 410 CORNWALL AVE. PORT ST. LUICE, FL 34983	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MAYO, BETTYE JO W 894 S.E. SOLAZ AVE. PORT ST. LUCIE, FL 34983	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DEAN, GINA 1005 KENTUCKY AVE. FORT PIERCE, FL 34950	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, MICHAEL 2637 N.E. CLARETON TERR. PORT ST. LUCIE, FL 34983	☒ Delete		☐ Change ☐ Addition

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: Glynda W Cavalcanti 4/6/06 772-595-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #