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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2007 8:00 am Secretary of State 02-07-2007 90030 042 ***150.00

DOCUMENT # P97000031276 1. Entity Name JACK AND JILL INTERNATIONAL, INC.									02-07-20	07 9003	0 042 ***	150.00
Principal Place of Business 14588 BRADDOCK OAK DRIVE ORLANDO, FL 32837				Mailing Address P.O. BOX 421677 KISSIMMEE, FL 34742-1677 US				400	10133			
2. Principal P	Place of Busi	ness - No P.O. Box #	3. 1	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01242007	Chg-P	CR2	E034 (12/06	;)
City & State				City & State			-	4. FEI Numb				Applied For
Zip		Country			Coun	itry		59-343 5. Certificate	of Status Desired		\$8.75 A Fee Requi	Not Applicable
	6. Nam	e and Address of Curren	l It Regist	ered Agent	1			7. Name and	Address of New	Registere		
FERNAND 501 BRICH MIAMI, FL		Name MARIA A. THOMAS Street Address (P.O. Box Number is Not Acceptable) 215 CELEBRATION PLACE SUITE 170 City a C1 Zip Code										
						CEL		LATION!		F	L 34	4747
8. The above the obligat	tions of regis	ty submits this statement stered agent. 2000 d or printed name of registered age	Ma	<i>y</i>		ed ollice or regi	<u>.</u>		th, in the State of			h, and accept
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.								0 May Be to Fees				
10.		OFFICERS AN			11.			ADDITIONS	CHANGES TO O	FFICERS A		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	14588 BF	NUNES, NILAH M RADDOCK OAK DRIVI 10, FL 32837	Ε	Delete	1						Change	e 🗍 Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ALEX RADDOCK OAK DRIVI 10, FL 32837	E	🗆 Delete							🗌 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14588 BF	NELSON A RADDOCK OAK DRIVI 10, FL 32837	E	🗂 Delete							🗌 Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				Delete	-					<u> </u>	Change	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				Delete							Change	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				Delete							🗌 Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 Statules; 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:												
SIGNAL	UKE:	SIGNATURE AND TYPED OF	PRINTED	NAME OF SIGNING DEFICER	OR DIREC	TOR			Dyne	<u> </u>	Daytime Phone	- 00110