

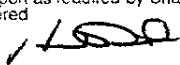
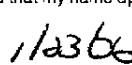


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000068043			
1. Entity Name JUPITER RESEARCH ASSOCIATES, INC.			
Principal Place of Business 1002 S OLD DIXIE HWY STE 301 JUPITER, FL 33458		Mailing Address 1002 S OLD DIXIE HWY STE 301 JUPITER, FL 33458	
DO NOT WRITE IN THIS SPACE			
		01182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0774255	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHWARTZ, MICHAEL E 1002 S OLD DIXIE HWY STE 301 JUPITER, FL 33458		DO NOT WRITE IN THIS SPACE	
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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		DATE 02/03/06-80040-012 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	SCHWARTZ, MICHAEL E		
STREET ADDRESS	1002 S OLD DIXIE HWY STE 301		
CITY-ST-ZIP	JUPITER, FL 33458		
TITLE	D		
NAME	SCHWARTZ, HOWARD I		
STREET ADDRESS	1002 S OLD DIXIE HWY STE 301		
CITY-ST-ZIP	JUPITER, FL 33458		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #