2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 09, 2007 8:00 am Secretary of State **DOCUMENT # P97000070531** 05-09-2007 90095 024 ***150.00 1. Entity Name JO-R-NIC, INC. Principal Place of Business Mailing Address 612-614 LAKE AVE. 612-614 LAKE AVE. LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 CR2E034 (12/06) Chq-P City & State City & State 4 FEI Number Applied For 65-0773182 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 BURRY, JAY 612-614 LAKE AVE. Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH, FL 33460 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THE Change ■ Addition NAME BURRY, JAY NAME 614 LAKE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ' Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLÉ ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Ctrange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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 regelied 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.

TED NAME OF SIGNING OFFICER OR DIRE

FILED

Enc. 10 myck dated 4-3-07 # ____, all of our paperwork was left with a trusted employee to take care of as myhusband and I had to fly gup north, as my mothers hearth was facieng, he was to take care of everything for our both businesses but falle Lodo Do, as he quit and we ded not know that he did not take care of work we left, as we left on 3/85/07 thinking Queels at the most best he condition went up à donn, and me just got home on 5/5/07 to a mess and am so upselt that to Hurt we always paid on time, I have been upset ig fantie now, as again we may have to leave as my mom's hearth is failing badley, can you please accept this for me it was by no means intentional, now I must take ruengthing with me if I can but me had to leave so fast that there was almost notine but in all good faith I thought it would be done please help me thru this upsetting time Thanh Traco Sing time