2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P97000084585 J.B. HARGRAVE CORPORATION Principal Place of Business Mailing Address 1887 W. STATE RD 84 1887 W. STATE RD 84 FORT LAUDERDALE, FL 33315 FORT LAUDERDALE, FL 33315 CR2E034 (11/05) 04212006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0864653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DICONDINA, MICHAEL DO NOT WRITE 1887 WEST STATE ROAD 84 FORT LAUDERDALE, FL 33315 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 Signature, typed or printed name of registered agent and title if applicable. (NOTF: 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. Ð JOYCE, MICHAEL NAME STREET ADDRESS 1887 STATE RD. 84 CITY-ST-ZIP FORT LAUDERDALE, FL 33315 U00000539165 TITLE 05/09/06-80088-011 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 trusped 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

124/06 984 463055

FILED