2007 FOR PROFIT CORPORATION

May 02, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P97000088076** ROBERT JACKETT ENTERPRISES, INC. Principal Place of Business Mailing Address 7557 18 AVE NO 7557 18 AVE NO ST PETERSBURG, FL 33710 US ST PETERSBURG, FL 33710 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3474195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JACKETT, ROBERT J JR 7557 18 AVE NO ST PETERSBURG, FL 33710 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) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JACKETT, ROBERT J JR NAME STREET ADDRESS 7557 18 AVE NO ST PETERSBURG, FL 33710 CITY-ST-ZIP TITLE NAME STREET ADDRESS ⇔ U00000754874 CITY-ST-ZIP 05/22/07-80079+007-150+00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE 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 affect 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.

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

THE PARTY

Daytime Phone #

FILED