

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000011502		
1. Entity Name JENNRUSS, INC.		

Principal Place of Business 1130 N.W. 93 TERRACE PLANTATION, FL 33322	Mailing Address 1130 N.W. 93 TERRACE PLANTATION, FL 33322
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2. Principal Place of Business 2990 Griffin Road Suite, Apt. #, etc.	3. Mailing Address 12100 N.W. 8th St. Suite, Apt. #, etc.
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City & State Dania Beach, Florida Zip 33312	City & State Plantation, Florida Zip 33325
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6. Name and Address of Current Registered Agent JACOBS, PHYLLIS 1130 N.W. 93 TERRACE PLANTATION, FL 33322	
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FILED
06 APR 27 PM 2:34
FLORIDA STATE
TALLAHASSEE, FLORIDA

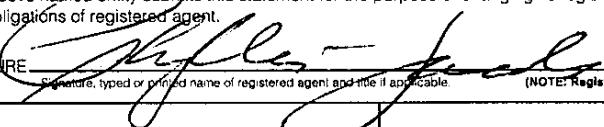
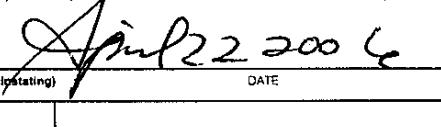
04212006 REIN-P CR2E098 (11/05)-06

4. FEI Number 08-3405515	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Phyllis Jacobs Street Address (P.O. Box Number is Not Acceptable) 12100 N.W. 8th Street City Plantation FL Zip Code 33325	
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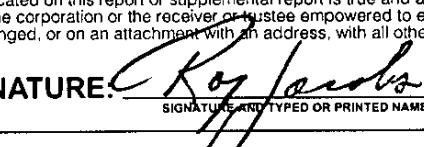
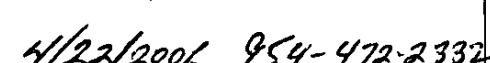
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reapplying) DATE  April 22 2006

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, PHYLLIS 1130 N.W. 93 TERRACE PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, ROY 1130 N.W. 93 TERRACE PLANTATION, FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600074342976 05/10/06--01026--008 ***308.75				
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  4/22/2006 954-472-2332
Daytime Phone #