2007 FOR PROFIT CORPORATION

ANNUAL REPORT Jan 24, 2007 08:00 AN **Secretary of State** DOCUMENT # P98000011502 1. Entity Name JENNRUSS, INC. Principal Place of Business Mailing Address 2990 GRIFFIN ROAD 12100 NW 8TH ST DANIA BEACH, FL 33312 PLANTATION, FL 33325 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 08-3405515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JACOBS, PHYLLIS DO NOT WRITE 12100 NW 8TH STREET PLANTATION, FL 33325 IN THIS SPACE he purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept 8. The above named entity submit the obligations of registe SIGNATURE. Signature, typed or prints (NOTE: Registered Agent signature required when reinstating) t and title if applicable **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150:00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME JACOBS, PHYLLIS STREET ADDRESS 1130 N.W. 93 TERRACE CITY-ST-ZIP PLANTATION, FL 33322 000000001993 TITLE Ð 01/26/07-80071-022 150.6D JACOBS, ROY NAME STREET ADDRESS 1130 N.W. 93 TERRACE CITY-ST-ZIP PLANTATION, FL 33322 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS CITY-ST-ZIP TITE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 autoreys, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

122/2001 954 471-2332

FILED