2006 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 14, 2006 08:00 Al DOCUMENT # P98000028757 Secretary of State 1. Entity Name B. ELAINE JONES & ASSOCIATES, P.A. Principal Place of Business Mailing Address 918 LITHIA PINECREST RD S 918 LITHIA PINECREST RD S BRANDON, FL 33511 BRANDON, FL 33511 No Chg-P CR2E034 (11/05) 08022006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3500911 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NUNEZ, KELLY BARCIA ESQUIRE DO NOT WRITE 1802 W. CLEVELAND STREET **TAMPA, FL 33606** 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. (NOTE: Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE NAME JONES, B. ELAINE 918 LITHIA PINECREST RD. STREET ADDRESS RIVERVIEW, FL 33511 CITY-ST-ZIP U00000574226 08/14/06-80005-008 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO HOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP IME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 supplementative ports find 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 feceiver 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 arrattachment with an address with all other like empowered. SIGNATURE:

FILED