2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Apr 27, 2005 08:00 AM Secretary of State

DOCUMENT # P98000031582 1. Entity Name									Secretary of State				
JELYSA INC.													
Principal Place of Business Mailing Address													
150 CROSSWAYS DR LEESBURG FL 34788				150 CROSSWAYS DR LEESBURG FL 34788									
2. Principal F	Place of Busin		3. Mailing Address					NATIONAL TOUR CRITICA FRANCE RRAILL REALITY REALITY REALITY REALITY REALITY REALITY REALITY REALITY REALITY RE	elli ballar ili a k tii	1 0 1 0 ((0 1 (0 1(0 1)	diani (i (bai		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1:	1st MOORE CR2E034 (10/04)				
City & State				City 8	& State			4. FE) Numi	4. FEI Number 59-3512149 Applied For Not Applicable				
Zip Country			Zip Coun			itry		e of Status Desired	<u>, </u>	8.75 Addee Require			
	6. Name	and Addres	ss of Current F	legistere	i Agent	Name	7. Name an	d Address of New Re	gistered A	ent			
SERAMA, L 150 CROSSWAYS DR							Street Address (P.O. Box Number is Not Acceptable)						
LEESBURG FL 34788							014		· · · · · · · · · · · · · · · · · · ·		Zip Cod		
				- · =			City			FL	Zip Cod	a	
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 as	nd title if apple	quired when reinstating)	2 1 211 22	DATE		 : -				
		E											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State									Election Campail Trust Fund Contr			00 May Be ed to Fees	
10.	(1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	— OF	FICERS AND D	DIRECTOR	<u> </u>	11.		ADDITIONS) S/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.													