

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000036854		Secretary of State	
1. Entity Name JENSEN INVESTORS, INC.			
Principal Place of Business 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957		Mailing Address 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957	
DO NOT WRITE IN THIS SPACE			
		01092004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0836892	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COEL, MARK A ESQ. 621 NW 53RD ST SUITE 420 BOCA RATON, FL 33487-0000		DO NOT WRITE 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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000007961 01/20/04-80045-022 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P PARE, ROBERT H JR 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P THOMSON, ALTON L MD 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957			
TITLE NAME STREET ADDRESS CITY - ST - ZIP S BLOMER, ALLISON MD 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957			
TITLE NAME STREET ADDRESS CITY - ST - ZIP T COLLINS, EVAN M 3498 NW FEDERAL HWY JENSEN BEACH, FL 34957			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		1-15-2004 772-219-1080	
SIGNATURE: * 		Date Daytime Phone #	