FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 17, 2002 8:00 am

DOCUMENT # P98000050269 1. Entity Name					Secretary of State 05-17-2002 90039 041 ***150.00		
J & J SCHOOL CO. N/C 2/22/02 TM							
DO NOT WRITE IN THIS SPACE							
2. Principal Place of Business 101 OLD LAUREL ROAD Suite, Apt. #, etc.		3. Mailing Address 6062 GILLOT BLVD. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State NOKOMIS, FLORIDA		City & State BORT CHARLOTTE, FL		4. FEI Number 65-0855055	Applied For Not Applicable		
Zip 34274	Country USA	Zip 33981	Country USA		or optimization of ottalian Beautiful	\$8.75 Additional Fee Required	
1					Name and Address of Current Registered	Agent	
DO NOT WRITE IN THIS SPACE				Name JESSICA D. CORRENTE Street Address (P.O. Box Number is Not Acceptable) 6062 GILLOT BLVD.			
PORT					CHARLOTTE FL	Zip Code 33981	
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.							
SIGNATURE— CSG CAAL CONTENT PLES dust 429/0 2 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State					10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS	I				
TITLE	JESSICA D. CORREN	JTE	TITLE	1			
NAME	PRESIDENT		NAME				
STREET ADDRESS	6062 GILLOT BLVD.	•	STREET ADDRESS			` l	
CITY-ST-ZIP	PORT CHARLOTTE, F	L 33981	CITY-ST-ZIP				
TITLE	VICE PRESIDENT		TITLE		**************************************		
NAME	JAMES M. CORRENTE	1	NAME	1	•		
STREET ADDRESS	6062 GILLOT BLVD.		STREET ADDRESS		8	1	
CITY-ST-ZIP	PORT CHARLOTTE, F	L 33981	CITY-ST-ZIP				
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40			CITY-ST-ZIP	<u> </u>			

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 11 or on an attachment with an address, with all other like empowered. SSICA D. COVENTE JESSICA D. COVENTE 4/29/02