## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 23, 2007 08:00 A Secretary of State DOCUMENT # P98000078351 1. Entity Name J&P RESEARCH, INC. Principal Place of Business Mailing Address 5983 GREEN BLVD. NAPLES FL 34116 5983 GREEN BLVD. NAPLES FL 34116 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For City & Stato City & Stato 59-3530559 Not Applicable Zip -Country- -- ---7in--Country \$8.75 Additional 5, Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo CHANG, PEGGY Street Address (P.O. Box Number is Not Acceptable) 5983 GREEN BLVD. NAPLES FL 34116 Zip Code 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 signature required when reinstating) (i) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition THILE ☐ Delete TITLE CHANG, PEGGY NAME NAME 5983 GREEN BLVD. STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP CITY - ST - ZIP VTD Change ☐ Addition HILE Delete TITLE U00000676607 AUGUSTINE, JIM NAME NAME 223 MONTERREY DR 03/30/07-80067-024 150.00 STREET ADDRESS STREET ADDRESS NAPLES FL 34119 CITY-ST-ZIP CITY-ST-7IP S HILE ☐ Delete Change Addition CHANG, JIM NAME NAME 5983 GREEN BLVD. STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-CI-ZIP CITY-ST-ZIP ☐ Addition Delete Change THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition IIILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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