2001 REINSTATEMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

| DOCUMENT 1. Entity Name JULASE INCORPO . | 003 | | | FILED 07 MAR -6 AM II: II | | | | |
|--|---|--|--|----------------------------|---|-----------------------|-------------------------|--|
| Principal Place of Business 6700 BROKEN SOUND P SUITE 200 BOCA RATON, FL 3348 | SUITE 200 | 700 BROKEN SOUND PKWY NW | | TALLAHASYEE | | 17) 1) 17 E | | |
| 2. Principal Place of Business 2499 Glades Road Suite, Apt. #, etc. | | 3. Mailing Address 2499 Glades Road Suite, Apt. #, etc. 210 | | | STATEMEN | | | |
| 210 City & State Boca Raton, FL | | City & State Boca Raton, FL | | 4. FEI Numb | | ⊢ | olied For Applicable | |
| Zip 33431 | Country | Zip 33431 | Country | | e of Status Desired | \$8.75 Addit | tional | |
| CANTOR, SAMUEL 6700 BROKEN SOU SUITE 200 | Name Street Add | 7. Name and Address of New Registered Agent Name Samuel J. Cantor Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| BOCA RATON, FL | City | Boca Raton | | | | | | |
| 8. The above named entity submits this externent legitine surpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent are submits. SIGNATURE Signature, typed or privited name of registeryd agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | |
| l . | OFFICERS AND AY OKEN SOUND PKWY N ATON, FL 33487 | ☐ Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS | S/CHANGES TO OFFICERS | AND DIRECTORS Change | IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NE EET ADDRESS | | | 8 03/1 | 800092062128 03/12/0701002030 **900.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | k | 33/n | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | β | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | REINST | TATEME | Change ENT | □ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the end 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 an other tike empowered. | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OF PUNTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylarie Phone 8 | | | | | | | | |