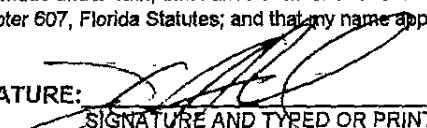


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P98000100377			
<b>1. Entity Name</b>			
JIM KIRKLAND TATTOOING INC			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> 1435 S 6TH ST		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MACCLENNY, FL		City & State	
Zip 32063	Country	Zip	Country
		<b>4. FEI Number</b> 59-3554195	
		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		Name KIRKLAND, JAMES C.	
		Street Address (P.O. Box Number is Not Acceptable) 4740 DOGWOOD STREET	
		City MACCLENNY <b>FL</b> Zip Code 32063	
<b>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.</b>			
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, JAMES C. 4740 DOGWOOD STREET MACCLENNY, FL 32063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>JAMES C. KIRKLAND</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
		4/28/5	904 653-1777