**ANNUAL REPORT (AR)** 

SIGNATURE:

## DOCUMENT # P99000020162 **FILED** Feb 07, 2007 08:00 AM Secretary of State JEANNE R. INC. Principal Place of Business Mailing Address 131 OCEAN GRANDE BLVD., UNIT 508 131 OCEAN GRANDE BLVD., UNIT 508 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0899408 Not Applicable 7ip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANNENBERG, GLORIA Street Address (P.O. Box Number is Not Acceptable) 131 OCEAN GRANDE BLVD., UNIT 508 JUPITER FL 33477 City Zip Code FI 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) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delele IIILE ☐ Change Addition NAME ANNENBERG, GLORIA NAME 131 OCEAN GRANDE BLVD., UNIT 508 STREET ADDRESS STREET ADDRESS U00000625929 JUPITER FL 33477 CITY ST-ZIP CITY-ST-ZIP 150.00TITLE ☐ Delete IIILE Change Addition PENNEY, WILMA NAME NAME 131 OCEAN GRANDE BLVD., UNIT 508 STREET ADDRESS STREET ADORESS JUPITER FL 33477 CITY-S1-ZIP CITY-S1-ZIP TITLE ☐ Desete BRE nostibbA [ CHACHKES, BETTEJAYNE NAME NAME 131 OCEAN GRANDE BLVD., UNIT 508 STREET ADDRESS STREET ADDRESS CHY-St-ZIP JUPITER FL 33477 CHY-SI-ZIP THUE. ☐ Dolele TITLE Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7)P 1911 ☐ Delete HILLE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-S1-7IP THE Delete DITTE Addition ☐ Change NAME NAMI, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I horeby cortify 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 eath; 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.