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Secretary of State
05-11-2006 90247 002 ***158.75

2006 FOR PROFIT CORP ANNUAL REPORT

DOCUMENT # P99000046527

1. Entity Name
JAH-NET'S TWO, INC.

40091099

Principal Place of Business	Mailing Address
3810 SOUTH STATE ROAD 7 MIRAMAR, FL 33023	3810 SOUTH STATE ROAD 7 MIRAMAR, FL 33023

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939462
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, DAHLIA A ESQ.
3475 SHERIDAN STREET., #307
HOLLYWOOD, FL 33021

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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 _____ DATE
Signature, typed or printed name of registered 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASTIN, JANET
STREET ADDRESS	10321 S.W. 15TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
TITLE	V
NAME	YEE, SHARON
STREET ADDRESS	3810 SOUTH STATE ROAD 7
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	T
NAME	~~GRAY, MICHAEL~~
STREET ADDRESS	~~3810 SOUTH STATE ROAD 7~~
CITY-ST-ZIP	~~MIRAMAR, FL 33023~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Mastin JANET MASTIN 4/24/06 954 450 5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #