FILED Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90183 031 ***150.00

2006 FOR PROFIT CORPORATION

		AN	NUAL	REPORT			_				
DOCUMENT # P99000048575 1. Entity Name JAYARE SYSTEMS & MANAGEMENT INC.)				
Principal Place of Business				Mailing Address		1 10	069944				
851 SE JOHNSON AVE				851 SE JOHNSON AVE		400000					
SUITE 100				SUITE 100							
STUART, FL	STUART, FL 34994			STUART, FL 34994				ill thire this this dail dail dail	T		DIMETER II 1881
2. Principal Place of Business				3. Mailing Address							
	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03232006	Chg-P	CR2E034	`	
City & Sta	ate	" ". " ".		City & State	Т		4. FEI Numb				Applied For Not Applicable
ZIP	Zip Country			Zîp Cour		ntry	5. Certificate of Status Desired See Required Fee Required				
	6. Nam	e and Addres	s of Current Re	gistered Agent	<u> </u>		7. Name and	Address of New Re	egistered Age	nt	
DIODDAN	LIAMES	O IB				Name					
	RIORDAN, JAMES Q JR. 851 SE JOHNSON AVE			Street Add			s (P.O. Box Number is Not Acceptable)				
	SUITE 100 · STUART, FL 34994			ļ							-
STUART,	FL 34994	•								7: 0-	·
						City	_		re	Zip Co	
8. The above	a named enti tions of regis	ty submits this	staterpent for th	ne purpose of changing its	registere	ed office or register	ed agent, or bo	th, in the State of Flor	ida. I am fami	liar with	, and accept
tilo obliga	(/_	2	IIV	// James Q.	. Ric	ordan, Jr.	Registe	red Agent	4/26	/06	
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent anythite it applicable. (NOTE: Registered Agent is								DATE		
FIL After W	E NOW!!! ay 1, 200	FEE IS \$1 6 Fee will	50.00 be \$550.00	9. Election Campai Trust Fund Contr	-		00 May Be ed to Fees				
10.		OFF	ICERS AND DIF	RECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	CERS AND DIR	ECTOR	S IN 11
TITLE	D			☐ Delete	TITLE					Change	Addition
NAME	ME RIORDAN, JAMES Q JR. REET ADDRESS 851 SE JOHNSON AVE., SUI			NAME 100		T ADDRESS					
CITY-ST-ZIP	l .	FL 34994	L., 5011L 101	O		ST-ZIP					
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STREET ADDRESS						T ADORESS					
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CITY-ST-ZIP					CITY-S	ST-ZIP					
TITLE				☐ Delete	TITLE				(Change	☐ Addition
NAME CYDNET ADDRESS					NAME	ADDRESS					
STREET ADDRESS City-St-ZIP					CITY-S						ļ
12. I hereby ce	ertify that the	information su	ipplied with this	filing does not qualify for	the exen	nptions contained i	n Chapter 119,	Florida Statutes, I fu	rther certify tha	at the in	formation
indicated of of the corp	on this report oration or t	or supplement receiver or tr	ital report is true ustee empoweri	and accurate and that my ed to execute this report as	/ signatu s require	re shall have the sa d by Chapter 607.	ime legal effect	as if made under oat	h; that I am an	officer	or director
changed, d	or on an aylad	chinent with ar	address, with a	all other like empoyedd.	0)	When)	1.	4.406.406	770 0-		
SIGNATI	JRE:	1	1	107/3	ames	y. Kiorda	ın, Jr.	4/26/06			127
	77	SIGNATURE AN	D TYPED OR PRINTE	D NAME OF SIGNING OFFICER OF	DIRECTO	R		Date	Daytime F	hone #	