2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2006 08:00 AM Secretary of State DOCUMENT # P99000049052 JASON WALTER HERMANN INC. Principal Place of Business Mailing Address 1512 BAYVIEW ST 1512 BAYVIEW ST TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0838808 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HERMANN, JASON W DO NOT WRITE 1512 BAYVIEW ST TARPON SPRINGS, FL 34689 IN THIS SPACE 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 Signature, typed or printed name of registered again and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HERMANN, JASON W STREET ADDRESS 520 LIMETREE DR. CITY-ST-ZIP OLDSMAR, FL 34677 U00000527580 05/05/06-80002-012 150.00 NAME STITLET ADDRESS CITY-ST-JIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF TITLE IN THIS SPACE MASSE STREET ADDRESS CITY -ST - ZIP TITLE STREET ADDRESS CSTY-ST-ZIP IME

12. Thereby 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 907, Florida Statutes; and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY -ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF DIDWING OFFICER OR DIRECTOR

4-16.00

Daytime Phone #

FILED