
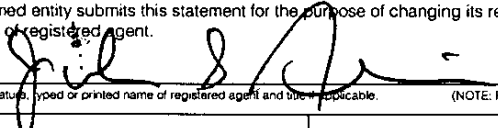


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90158 022 ***150.00

DOCUMENT # P99000065203 1. Entity Name J.S. NEVIASER, P.A.					
Principal Place of Business 222 OAKRIDGE BOULEVARD SUITE C DAYTONA BEACH, FL 32118			Mailing Address 222 OAKRIDGE BOULEVARD SUITE C DAYTONA BEACH, FL 32118		
2. Principal Place of Business 1955 Red Cedar Cir			3. Mailing Address 1955 Red Cedar Cir		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State South Daytona, FL			City & State South Daytona, FL		
Zip 32119			Zip 32119		
Country 			Country 		
4. FEI Number 59-3589788			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NEVIASER, JULIUS S CPA 222 OAKRIDGE BOULEVARD C DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent Name JULIUS S. Neviasser Street Address (P.O. Box Number is Not Acceptable) 1955 Red Cedar Circle City South Daytona FL Zip Code 32119		
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 4-24-06 <small>Signature, typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEVIASER, JULIUS S 1955 RED CEDAR SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date 4-24-06 Daytime Phone # 386-258-5910		