2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2006 08:00 AM Secretary of State DOCUMENT # P99000070943 1. Entity Name JUL4, INC. Mailing Address Principal Place of Business 1720 N.W. 96 ST. 8490 S. LAKE FOREST DRIVE MIAMI, FL 33172-0203 DAVIE, FL 33328 CR2E034 (11/05) 01062006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0939362 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREEN, JULIA DO NOT WRITE 8490 S. LAKE FOREST DRIVE **DAVIE, FL 33328** IN THIS SPACE 5. 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 agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. "After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GREEN, JULIA 8490 S. LAKE FOREST DRIVE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33328** TITLE NAME 1000000385699 STREET ADDRESS 61/18/06-80026-025 1sp.m CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 January 2006
Date Dayline Phon

FILED