2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 08:00 AN Secretary of State **DOCUMENT # P99000087859** J.A. ÉVERETT & CO., INC. Mailing Address Principal Place of Business 2063 SW PITTS TERRACE 2063 SW PITTS TERRACE STUART, FL 34997 STUART, FL 34997 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1288587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVERETT, JOHN A DO NOT WRITE 2063 SW PITTS TERRACE STUART, FL 34997 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MILE EVERETT, JOHN A NAME STREET ADDRESS 2063 SW PITTS TERRACE U00000538999 CITY-ST-ZIP STUART, FL 34997 05/09/06-80082-025 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Flortda 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, Flortda 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:

CHY-ST-ZIP
TIBLE
NAME
STREET ADDRESS
CHY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

772-286-7264

FILED

Daytime Phone