2006 FOR PROFIT CORPORATION

ANNUAL REPORT

FORT LAUDERDALE, FL 33316

the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE_

SIGNATURE:

FILED Jan 19, 2006 8:00 am Secretary of State DOCUMENT # P99000103074 01-19-2006 90081 018 ***150.00 FOUR JUST US, INC. Principal Place of Business Mailing Address 311 S.E. 10TH COURT 311 S.E. 10TH COURT FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number 65-0975262 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, GREG ESQ. Street Address (P.O. Box Number is Not Acceptable) 311 S.E. 10TH COURT

Applied For

Zip Code

FI.

DATE

Not Applicable

	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees	·		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/C	DNS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST-ZIP	P POORE, JENNIE E 311 SE 10TH COURT FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCIANDRA, JOSEPH M 311 SE 10TH COURT FORT LAUDERDALE, FL 33316	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	· Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S GREENBAUM, DOUGLAS A 311 SE 10TH COURT FORT LAUDERDALE, FL 33316	C) Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, GREGG 311 SE 10TH COURT FORT LAUDERDALE, FL 33316	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TTILE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADWEIN, DAVID 311 SE 10TH COURT FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with this fi I on this report or supplemental report is true a reporation or the receiver or trustee empowered , or on an attachment with an address, with all	and accurate and that r	ny signature shall ha as required by Chac	ve the same legal effect	as if made under oath; that I am an office	r or director	

Jennie E. Poore

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(NOTE Registered Agent signature required when reinstating)