

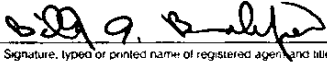
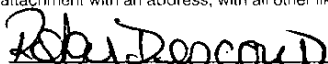


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S04773 1. Entity Name JUSTIN L. H. INC.						FILED 2007 OCT -4 PM 2:16 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 127 FOREST LAKES BLVD. SOUTH OLDSMAR, FL 34677-3029				Mailing Address 127 FOREST LAKES BLVD. SOUTH OLDSMAR, FL 34677-3029			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-3029245				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 KUTCHINS, BRYAN A 3974 TAMPA ROAD SUITE A OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name Billy A. Brakefield Street Address (P.O. Box Number is Not Acceptable) 952 Virginia St, #101 City Dunedin FL Zip Code 34698			
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  (Billy A. Brakefield) 9/23/07 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
Amended AR is \$61.25				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	P HENNESSY, EDWARD F 127 FOREST LAKES BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Descaro - President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 127 Forest Lakes Blvd. Oldsmar, FL 34677			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENNESSY, CATHY 127 FOREST LAKES BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Walker - Sec/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 127 Forest Lakes Blvd. Oldsmar, FL 34677			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESCARO, ROBIN 127 FOREST LAKES BLVD. OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500111235805 10/23/07--01054--008 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALKER, DAVID 127 FOREST LAKES BLVD. OLDSMAR, FL 34677	<input checked="" 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	<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	<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:  Pres./Director				9/23/07 813-855-3331 <small>Date Daytime Phone #</small>			