
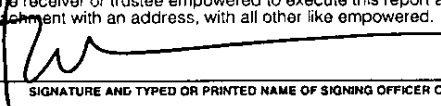


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90154 002 \*\*\*150.00

<b>DOCUMENT # S54288</b> 1. Entity Name <b>JRJR INC.</b>					
Principal Place of Business <b>11300 US HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408 US</b>			Mailing Address <b>11300 US HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408 US</b>		
2. Principal Place of Business <b>39 St Thomas Dr</b>		3. Mailing Address <b>39 St Thomas Dr</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Palm Beach Gardens FL</b>		City & State <b>Palm Beach Gardens FL</b>		4. FEI Number <b>65-0267366</b>	
Zip <b>33418</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REYNOLDS, JOHN D 11300 US HWY 1 STE 400 NORTH PALM BEACH, FL 33408</b>			7. Name and Address of New Registered Agent Name <b>JOHN D REYNOLDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>39 St Thomas Dr</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33418</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS REYNOLDS, JOHN D 11300 US HWY ONE STE400 NORTH PALM BEACH, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHASE, JEAN A 12335 76TH ROAD NORTH WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> 		<b>3-30-05 561.346.9395</b> Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					