


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90423 030 \*\*\*150.00

<b>DOCUMENT # S55657</b> 1. Entity Name JLA INVESTMENT CORPORATION	
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Principal Place of Business 8504 ADAMO DRIVE TAMPA, FL 33619 US	Mailing Address 105 US HWY 301 SOUTH <del>SUITE</del> Suite 110 TAMPA, FL 33619 US
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01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3079202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HARROW, ANDREW 105 US HWY 301 SOUTH <del>SUITE</del> Suite 110 TAMPA, FL 33619
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**DO NOT WRITE  
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 <u>Andrew Harrow</u> DATE <u>4/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARROW, ANDREW 105 US HWY 301 SOUTH, <del>SUITE</del> Suite 110 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HARROW, SUSAN 105 US HWY 301 <del>SUITE</del> Suite 110 TAMPA, FL 33619
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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.
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<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4-7-06</u> Daytime Phone #
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