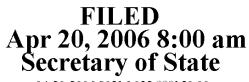
2006 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # S91330**



JEANS REROUNDING & TESTING, INC.								04-20-2006 90216 032 ***150.00				
Principal Place of Business				Mailing Address								
2446 19TH ST SARASOTA, FL 34234				PO BOX 15877 Sarasota, FL 34277				50014219				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01052006	Chg-P	CR2E	034 (11/05)	
City & State				City & State			4. FEI Number 65-0297141				No	oplied For ot Applicable
Zip	Country			Žip	itry		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name	itered Agent				7. Name and	Address of New F	Registered	Agent			
DUNI OD JEAN						Name						
DUNLOP, JEAN 4686 ASHTON ROAD SARASOTA, FL 34233						Street Address (P.O. Box Number is Not Acceptable) 3612 TORREY PINES BLVD						
						City Siagasorta F					Zip Cod	e
The above named entity submits this statement for the purpose of changing its regi						SARASOTA red office or registered agent, or both, in the Sta			th in the State of FI			238
	tions of registe		ioni ioi iiio j	ourpose or changing is	o rogistor	oo omco o	rogister	ed agent, or oc	in, withe State Of Fr	Oliua. Taisi	realissies seinii,	and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE												<u> </u>
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		AND DIRE	DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	FICERS ANI	DIRECTOR	S IN 11	
TITLE	MRS			☐ Delete	TITL		Ρ				Change	☐ Addition
NAME STREET ADDRESS	DUNLOP, JEAN MRS				NAM	eet address	26.0	T~264	PINES BLU	5		
CITY-S1-ZIP	1			CITY						_		
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NAME				_ below	NAN						Unaingo	
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TITLE				☐ Delete	TITL						☐ Change	☐ Addition
NAME STREET ADDRESS					NAM	ie Eet address						
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TITLE				☐ Delete	TITL						☐ Change	Addition
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I nereby certify mat the information supplied with this filling 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:

AND TYPED OR PRINTED NAME OF SIGN

IGNING OFFICER OR DIRECTOR

04/17/06

941 921 9304 Daybine Phone •