2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 29, 2007 08:00 A Secretary of State DOCUMENT # V18100 1. Entity Name JHJ COMMUNICATIONS, INC. क्रिकेट इस १५८ २८ व्यक्त १६ व्यक्ति १८८ Principal Place of Business ----Mailing Address 149 FAIRWAY POINTE CR 149 FAIRWAY POINTE CR ORLANDO, FL 32828 US ORLANDO, FL 32828 US 03272007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHN H. JOLINSKI DO NOT WRITE 149 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. . After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE JOLINSKI, JOHN H. NAME STREET ADDRESS 149 FAIRWAY POINTE CIR ORLANDO, FL CITY-ST-ZIP TITLE U00000682587 04/05/07-80009-002 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR