


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State


03-13-2006 90081 035 ***150.00

DOCUMENT # V46137	
1. Entity Name JOKILE, INC.	

Principal Place of Business 12945 SEMINOLE BLVD BLDG 1 STE 12 LARGO FL 33778 US	Mailing Address P.O. BOX 925 LARGO FL 33779-0925 US
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2. Principal Place of Business 1050 STARKEY RD #2103	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo FL	City & State
Zip 33771	Country US of A

	
1st MOORE	CR2E034 (10/05)
4. FEI Number 59-3130440	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 MOUZAKIS, GEORGE 1050 STARKEY RD APT 2103 LARGO FL 33771	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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
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FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME MOUZAKIS, GEORGE	
STREET ADDRESS 1050 STARKEY RD #2103	
CITY-ST-ZIP LARGO FL 33771	
TITLE	<input type="checkbox"/> Delete
NAME LEA SWARTZ	
STREET ADDRESS 1050 STARKEY RD #2103	
CITY-ST-ZIP Largo, FL 33771	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LEA SWARTZ PRESIDENT	
STREET ADDRESS 1050 STARKEY RD #2103	
CITY-ST-ZIP Largo, FL 33771	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: 	George E Mouzakis	2/26/2006	727-251-4050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #