2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51925

Entity Name: JESSIE'S GOURMET INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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5700 HORIZONS LANE 1520 S. POWERLINE ROAD MARGATE, FL 33063 DEERFIELD BEACH, FL 33442 US

Current Mailing Address: New Mailing Address:

5700 HORIZONS LANE 1520 S. POWERLINE ROAD MARGATE, FL 33063 DEERFIELD BEACH, FL 33442 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLNEK, ALAN
5700 HORIZONS LANE
MARGATE, FL 33063 US
WOLNEK, ALAN
1520 S. POWERLINE ROAD
DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE: 04/28/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: WOLNEK, ALAN Name: WOLNEK, ALAN Address: 5700 HORIZONS LANE Address: 1520 S. POWERLINE ROAD

City-St-Zip: MARGATE, FL 33063 Address. 1320 S. POWERLINE ROAD City-St-Zip: DEERFIELD BEACH, FL 33442

Name: COHN, ALLAN Name: COHN, ALLAN

Address: 5700 HORIZONS LANE Address: 1520 S. POWERLINE ROAD
City-St-Zip: MARGATE, FL 33063 City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SOBON, PATRICIA
 Name:
 SOBON, PATRICIA

 Address:
 5700 HORIZONS LANE
 Address:
 1520 S. POWERLINE ROAD

 City-St-Zip:
 MARGATE, FL 33065
 City-St-Zip:
 DEERFIELD BEACH, FL 33442 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN WOLNEK P 04/28/2006