2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N12277

Entity Name: JACKSONVILLE REAL ESTATE INVESTORS' ASSOCIATION, INC.

Current Principal Place of Business:

7035 PHILIPS HIGHWAY, SUITE 5-167
SUITE 5-167
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

7035 PHILIPS HIGHWAY, SUITE 5-167
SUITE 5-167
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-2635848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
CORAL GABLES, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACOBS, ROBERT
Address: 7035 PHILIPS HIGHWAY SUITE 5-167
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD ( ) Delete
Name: CORDELL, RICHARD
Address: 7035 PHILIPS HIGHWAY SUITE 5-167
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD ( ) Delete
Name: BROWARD, LISA
Address: 7035 PHILIPS HIGHWAY SUITE 5-167
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD ( ) Delete
Name: KUBE, STUART
Address: 7035 PHILIPS HIGHWAY SUITE 5-167
City-St-Zip: JACKSONVILLE, FL 32216

Title: AD ( ) Delete
Name: RICHARDSON, JAMIE
Address: 7035 PHILLIPS HWY. 5-167
City-St-Zip: JACKSONVILLE, FL 32216

Title: ED ( ) Delete
Name: OBENZA, KRISTINA
Address: 7035 PHILIPS HIGHWAY SUITE 5-167
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOCKLEAR, JOESEPH
Address: 7035 PHILIPS HIGHWAY SUITE 5-167
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD (X) Change ( ) Addition
Name: KUBE, STUART
Address: 7035 PHILIPS HIGHWAY SUITE 5-167
City-St-Zip: JACKSONVILLE, FL 32216

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE RICHARDSON AD 01/18/2008

Electronic Signature of Signing Officer or Director — Date