

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165974

Entity Name: JORSHA INC.

FILED
May 06, 2007
Secretary of State

Current Principal Place of Business:

11436 30TH COVE E.
PARRISH, FL 34219

New Principal Place of Business:

5349 ANTHONY LANE
SARASOTA, FL 34233

Current Mailing Address:

11436 30TH COVE E.
PARRISH, FL 34219

New Mailing Address:

5349 ANTHONY LANE
SARASOTA, FL 34233

FEI Number: 20-3979018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANS, RICHARD R
1515 RINGLING BOULEVARD
10TH FLOOR
SARASOTA, FL 34236 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: LETSCHERT, JORDAN A MR.
Address: 11436 30TH COVE EAST
City-St-Zip: PARRISH, FL 34219 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: LETSCHERT, JORDAN A MR.
Address: 5349 ANTHONY LANE
City-St-Zip: SARASOTA, FL 34233 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORDAN LETSCHERT

PDST

05/06/2007

Electronic Signature of Signing Officer or Director

_____ Date