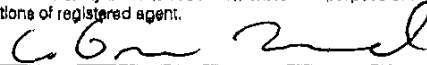
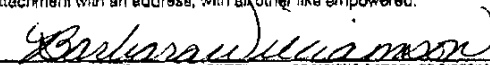


Jul 20, 2007 11:28AM LEONARD & MORRISON
**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

No. 2914 P. 6

DOCUMENT # 303876			
1. Entity Name J. B. DEVELOPMENT CORP.			
Principal Place of Business 10400 GRIFFIN ROAD SUITE 210 COOPER CITY, FL 33328 US		Mailing Address P.O. BOX 290307 DAVIE, FL 33329 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1145854		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMSON, ROBERT 10400 GRIFFIN RD #210 COOPER CITY, FL 33328		7. Name and Address of New Registered Agent Name C. Glenn Leonard Street Address (P.O. Box Number is Not Acceptable) 1995 East Oakland Park Blvd, Suite 105 City Fort Lauderdale FL Zip Code 33306	
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  DATE 7/24/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD WILLIAMSON, ROBERT 10400 GRIFFIN RD #210 COOPER CITY, FL 00000. ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD Barbara Williamson 10400 Griffin Road #210 Cooper city, Fl 33328 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORSTADT, EDWARD G. 97 WEST PALMETTO ROAD LAKE WORTH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300107467893 08/07/07--01051--053 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  PRES. DATE 7/23/07 Signature and typed or printed name of signing officer or director		Daytime Phone #	

Barbara Williamson

jc 7/31