2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Jun 29, 2006 8:00 am **Secretary of State** DOCUMENT # F05000003408 1. Entity Name 06-29-2006 90001 038 ***550.00 JDG CONSULTING INC Principal Place of Business Mailing Address 222O S. OCEAN BLVD. #502 DELRAY BEACH FL 33483 C/O GARSON CORPORATION 540 W. FRONTAGE ROAD #2215 NORTHFELD IL 60093 2. Principal Place of Business 3. Mailing Address 2220 S. Ocean Blut Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 502 City & State Applied For City & State 4. FEI Number 36-3833673 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRYER, GERALD Street Address (P.O. Box Number is Not Acceptable) 2220 S. OCEAN BLVD. #502 **DELRAY BEACH FL 33483** 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. CPD ☐ Change Addition TITLE ☐ Delete TITLE DRYER, GERALD NAME NAME STREET ADDRESS 2220 SOUTH OCEAN BLVD. #502 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-7IP TITLE VCST Detete TITLE ☐ Change ☐ Addition DRYER, GERALD STREET ADDRESS 2220 SOUTH OCEAN BLVD. #502 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME DRYER, GERALD NAME STREET ADDRESS STREET ADDRESS 2220 SOUTH OCEAN BLVD. #502 CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME ı STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MANAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 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 taustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

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