2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# H91671

Entity Name: JAZ FORMS, INC.

Current Principal Place of Business:

318 WEST MAIN ST.
NORRISTOWN, PA 19401

New Principal Place of Business:

Current Mailing Address:

318 WEST MAIN ST.
NORRISTOWN, PA 19401

New Mailing Address:

FEI Number: 23-2386970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRENNER, EILEEN
10835 BOCA WOODS LANE
BOCA RATON, FL 33433 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: O ( ) Delete
Name: BURD, ZACHARY
Address: 710 HARVARD ROAD
City-St-Zip: BALA CYNWYD, PA 19004

Title: O ( ) Delete
Name: BURD, JOSHUA
Address: 710 HARVARD RD
City-St-Zip: BALA CYNWYD, PA 19004 PA

Title: VP ( ) Delete
Name: PARNES, REVA,
Address: 211 BIRCH DRIVE
City-St-Zip: LAFAYETTE HILL, PA 19444 PA

Title: P ( ) Delete
Name: PARNES, GEORGE
Address: 211 BIRCH DR
City-St-Zip: LAFAYETTE HILL, PA 19444 PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: GEORGE PARNES P 03/26/2007

Electronic Signature of Signing Officer or Director Date