2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 08:00 AM Secretary of State **DOCUMENT # K38147** 1. Entity Name JEDABU, INC. Principal Place of Business Mailing Address 22286 VICK ST 22286 VICK ST CHARLOTTE HARBOR, FL 33980 CHARLOTTE HARBOR, FL 33980 US CR2E034 (10/03) No Chg-P 04192005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2912108 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FEHR, JEFFREY 1881 CITRON ST CHARLOTTE HARBOR, FL 33980 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE **FEHR, JEFFREY** NAME STREET ADDRESS 1881 CITRON ST U00000329695 04/25/05-80130-002 150,00 CHARLOTTE HARBOR, FL 33980 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED