2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 24, 2006 08:00 AM Secretary of State

| DOCUI<br>1. Entity Nam<br>JEDABU,   |  |  |             |   | Secretar     | y or state                             |
|---|--|--|-------------|---|--------------|--|
| Principal Place<br>22286 VICK<br>CHARLOTTE  | ST 2   | ailing Address<br>2286 VICK ST<br>HARLOTTE HARBOR, FL 3398 |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                   |              | † <b>3</b> 5m) avan wat wat wat (2000) |
|   |  |  | 1           |   |              |  |
|   |  |  |             | D1062006 No Chg-P CR2E034 (11/05)                         |              |  |
| DO NOT WRITE IN THIS SPACE  |  |  |             | 4. FEI Number   Applied For   59-2912108   Not Applicable |              |  |
|   |  |  |             | Certificate of Status Desired                             |              |  |
| 6. Name and Address of Current Registered Agent   |  |  |             |   |              |  |
| FEHR, JEF<br>1881 CITR<br>CHARLOT   |  | DO NOT WRITE<br>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.   |  |  |             |   |              |  |
| SIGNATURE   |  |  |             |   |              |  |
| FIL<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00              | 9. Election Campaign Finan<br>Trust Fund Contribution,     | cing _ \$5. | .00 May Be<br>ed to Fees                                  |              |  |
| 10.   | OFFICERS AND DIREC   | TORS .   |             |   |              |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP   | DP<br>  FEHR,JEFFREY<br>  1881 CITRON ST<br>  CHARLOTTE HARBOR, FL 33980 | · · .  |             |   |              | •                                      |
| TITLE   |  | <del></del>  |             |   |              | ļ                                      |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |             |   | 02/01/06-800 | 902<br>31-014 150.00                   |
| title<br>Name<br>Street address   |  |  |             | <b>D</b> O  | NOT WOL      | <b></b>                                |
| CITY-ST-ZIP   |  | <del></del>  |             |   | NOT WRIT     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |             | IN .  | THIS SPAC    | E                                      |
| TITLE<br>NAME<br>STREET ADDRESS   |  |  |             |   |              |  |
| CITY-ST-ZIP   |  |  | _           |   | V (* - cm    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |             | \   |              | {                                      |
| 12. I hereby certify that the information supplied with this filling toes not dualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplymental 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 poport 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 line empowered. |  |  |             |   |              |  |