## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90249 015 \*\*\*150.00

DOCUMENT # K38147  1. Entity Name JEDABU, INC.									01-08-200	7 90249	J15 ***13(	0.00
Principal Place of Business 22286 VICK ST CHARLOTTE HARBOR, FL 33980 US				Mailing Address 22286 VICK ST CHARLOTTE HARBOR, FL 33980 US								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc				3. Mailing Address  /88/ C/TROP ST  Suite. Apl. #, etc.				Physical Control of the Control of t				
City & State				City & State				01042007 4. FEI Numb	Chg-P er	CR2E	(12/06)	pplied For
Zip Country			87	PT CHARLOTTE FC Zip Country				59-291	2108		<del></del> _	t Applicable
2.10				33980	ei S		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New	Registered	Agent	:
FEHR, JEFFREY 1881 CITRON ST CHARLOTTE HARBOR, FL 33980					Street Address (P.O. Box Number is Not Acceptable)							
CHARLOT								****				
						City				FI	Zip Code	9
	named entiti ions of regist		nt for the p	ourpose of changing its	s register	ed office or reg	gistered	agent, or bo	th, in the State of F	Florida. I an	n familiar with,	and accept
, SIGNATURE.	Signature, typed	or printed name of registered .	agent and atte	ıf appkçable (NO	TE Registere	d Agent signature re	equired wi	ners reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution								<b>0</b> May Be to Fees				
10.	OFFICERS AND						ADDITIONS	CHANGES TO OF	FICERS AN	ID DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEHR,JEI 1881 CITI CHARLO		33980	□ Delete	4						☐ Change	☐ Addition
HILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		I .					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP				☐ Delate							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		0		☐ Delete							☐ Change	Addition
12. Thereby of indicated of the corchanged.	certify that the on this reportion or the poration or the	e information supplied it or supplemental ep ne receiver or truslee actiment with an addre	with this for it is rue ampowere see. with a	iling does not qualify f and accurate and that d to execute this repor Il other like empowered	or the ex my signa t as requ d.	emptions conta ture shall have ired by Chapte	tained ir e the sai er 607, i	n Chapter 119 me legal effer Florida Statute	e, Florida Statutes at as if made unde es; and that my na	. I further ce or oath; that me appears	ertify that the in I am an officer in Block 10 or	nformation or director r Block 11 if