2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 24, 2006 08:00 AM DOCUMENT # K45675 **Secretary of State** 1. Entity Name JDK INTERNATIONAL, INC. _Mailing Address Principal Place of Business 300 FRONT STREET KEY WEST FL 33040 300 FRONT STREET KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) tst MOORE City & State 4. FEI Number Applied For City & State 65-0099583 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOZA, EDWARD R Street Address (P.O. Box Number is Not Acceptable) 2226 HARRIS AVE KEY WEST FL 33040 City Zip Code 8. The above named entry 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 Signature, typed or printed name of registered agent and title if applicable ōAt€ (NOTE: Registered Agent agriature required when reinstaling) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. □ Add" Delete TITLE Change TIRLE NAME NAME MANI, DILIP STREET ADDRESS STREET ADDRESS 300 FRONT STREET 03/07/06-80864-006 158.75 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Add."": ☐ Delete BH TITLE NAME HALAT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Change Addition TITLE D Deteta 7474 F NAME MALIE STREET ADDRESS STREET AUDRESS City-S7-ZIP CITY-ST-ZIP □ Additi ☐ Defete Change TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addiii ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STHEET ADDRESS CSTY-ST-ZIP CUY-ST-70P ☐ Change □ Matt Detete Tile F TITLE NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling 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 trustee empowered to 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.

FILED

Vilip 02-21-06