



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90048 034 ***150.00

DOCUMENT # K57670 1. Entity Name JENNAH BLOSSOM CORP.					
Principal Place of Business 600 SANDTREE DRIVE, #109 PALM BEACH GARDENS, FL 33403			Mailing Address 600 SANDTREE DRIVE, #109 STE E-201 PALM BEACH GARDENS, FL 33403		
2. Principal Place of Business 2295 NW Corporate Blvd		3. Mailing Address 2295 NW Corporate Blvd			
Suite, Apt. #, etc. 138		Suite, Apt. #, etc. 138			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33431		Country USA		4. FEI Number 65-0093851	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCDONALD, DONNA C/O CAPITAL REALTY ADVISORS, INC 600 SANDTREE DRIVE, #109 PALM BEACH GARDENS, FL 33403				7. Name and Address of New Registered Agent Name Donald White Street Address (P.O. Box Number is Not Acceptable) 2295 NW Corporate Blvd. Suite 138 City Boca Raton, FL Zip Code 33431	
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 <u><i>Donald B. White</i></u> DATE <u>4/5/05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDD CASTER, CARY 2601 BISCAYNE BLVD MIAMI, FL 33137 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST MILLER, ROGER 2601 BISCAYNE BLVD MIAMI, FL 33137 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	