2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K60160

1. Entity Name
JADE MARKETING, INC.



FILED
AT C., Apr 25, 2008 08:00 AN
Secretary of State

Principal Place of Business

223 ALTAMONTE COMMERCE BLVD SUITE #1310 ALTAMONTE SPRINGS, FL 32714 US Mailing Address

223 ALTAMONTE COMMERCE BLVD SUITE #1310 ALTAMONTE SPRINGS, FL 32714 US

04162008

CR2E034 (11/05)

4. FEI Number Applied For 59-2926989 Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VANDER BOEGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

No Chg-P

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP VANDERBOEGH, ALAN 2233 ALTAMONTE COMMERCE BLV ALTAMONTE SPRINGS, FL 32714	· · · · · · · · · · · · · · · · · · ·		٠	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000922070 05/15/08-80032-014 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		•						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclinated on this record of control and the statute of the								

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.

SIGNATURE:		ALAN D. VANDER BOEGH	423-08	407-682-6900
	SIGNATURE AND TYPED OR PRINTED NAME OF SKYNING O	FFICER OR DIRECTOR	Date	Daytime Phone #