2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2007 08:00 A Secretary of State

386 -760-6118

Daytime Phone #

| DOCUMENT # L67137 1. Entity Name JODIMA, INC. Principal Place of Business Mailing Address | | - | | Secretary of St | | | |
|---|---|---|-----------------------|---|--|----------------|-----------------------|
| 3134 S. RIDGEWOOD 931 SANDCREST DRIVE SOUTH DAYTONA, FL 32119 US PORT ORANGE, FL 32127 | | | | | | | |
| | | | | | | | |
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| | | | | 01092007 No Chg-P CR2E034 (11/05) | | | |
| DO NOT WRITE IN THIS SPACE | | | CE | 4. FEI Numb | | | Applied For |
| | | | | 59-3015817 Not Applicable 5. Certificate of Status Desired \$8.75 Additional | | | |
| / e. | 6. Name and Address of Current Regis | stered Agent | · | 5. Certificate | of Status Desired | | equired |
| | | rered Agent | , · | | | | |
| SCHAFER, DICK 931 SANDCREST DRIVE | | | | DO | NOT W | RITE | |
| PORT OR | ANGE, FL 32127 | | | IN T | THIS SP | ACE | • |
| | | | , | *, * | The both of the state of | | المدأ العرابية |
| 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 bitle if applicable. (NOTE: Registered Agent agents are required when reinstating) DATE | | | | | | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | | | | 2 150.00 |
| 10. | OFFICERS AND DIRE | CTORS | | , | A San Day San James at | 1 11 15 | |
| NAME STREET ADDRESS CITY-ST-ZIP | SCHAFER, DICK 931 SANDCREST DRIVE PORT ORANGE, FL | | | 3 + | Targer S. Style | · | |
| TITLE NAME | | | • | 4, 58 | The State of | | , |
| STREET ADDRESS CITY-ST-ZIP | | | , | ٠. | e see | | |
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| STREET ADDRESS CITY-ST-ZIP | | | *,* | DÖ | NOT W | RITE | Taris Co. |
| TITLE | | | 1 | | THIS SP | • | |
| NAME STREET ADDRESS CITY-ST-21P | | | in the Control | | The state of the s | | |
| TITLE NAME STREET ADDRESS | | | | * 1 <u>*</u> | | e te to | |
| CITY-ST-ZIP | | | . | | 4 . 4 | | |
| TITLE NAME | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | 1.44 | | | |
| indicated of the cor | certify that the information supplied with this to on this report or supplemental report is true poration or the receiver or trustee empowere or or an attachment with en address, with a | and accurate and that my signa d to execute this report as requi | ture shall have the : | same tegal effe | ct as if made under o: | ath that Lamen | officer or director 1 |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _