2006 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Apr 24, 2006 08:00 Al Secretary of State DOCUMENT # L94860 1. Entity Name JCD REAL ESTATE, INC. Principal Place of Business Mailing Address 822 E. ATLANTIC AVE. 822 E. ATLANTIC AVE. DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 03312006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0216106 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DENIRO, JOHN C DO NOT WRITE 822 E. ATLANTIC AVE. DELRAY BEACH, FL 33483 IN THIS SPACE

the obligat	ions of registered agent.			
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	sing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		to the second second second second
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENIRO, JOHN C 822 E. ATLANTIC AVE. DELRAY BEACH, FL			000000530808 05/06/06-80013-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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

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 withyan address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

\$8.75 Additional

Fee Required

Not Applicable