2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L95302

Entity Name: JERID, INC.

Current Principal Place of Business:

6702 VIA REGINA
BOCA RATON, FL 33433

New Principal Place of Business:

6769 MONTEGO BAY BLVD
BOCA RATON, FL 33433

Current Mailing Address:

P.O. BOX 4348
FALLS CHURCH, VA 22044

New Mailing Address:

FEI Number: 65-0221957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMER BARBARA J.
6702 VIA REGINA
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

SCHUMER BARBARA J.
6769 MONTEGO BAY BLVD
BOCA RATON, FL 33433 US

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.

SIGNATURE: 03/13/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: JOSEPH, DAVID A.,
Address: P.O. BOX 4348 N/A
City-St-Zip: FALLS CHURCH, VA 22044

Title: S ( ) Delete
Name: SCHUMER BARBARA J.,
Address: 6702 VIA REGINA
City-St-Zip: BOCA RATON, FL 33433

Title: DS ( ) Delete
Name: JOSEPH, SUZANNE S.
Address: P.O. BOX 4348 N/A
City-St-Zip: FALLS CHURCH, VA 22044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: SCHUMER BARBARA J.,
Address: 6769 MONTEGO BAY BLVD
City-St-Zip: BOCA RATON, FL 33433

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A JOSEPH PT 03/13/2009
Electronic Signature of Signing Officer or Director — Date