2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006755

SHANNON, CAROL

16 TIMBER COURT

GLENDORA, NJ 08029

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Entity Nai	me: JACOB	'S LADDER, INC.				
Current Principal Place of Business:			New Principal	New Principal Place of Business:		
SUITE 161	FVIEW COU 2 BEACH, FL (
Current M	lailing Addr	ess:	New Mailing A	New Mailing Address:		
P.O. BOX WILKESBO	88 DRO, NC 28	697				
FEI Number:	: 75-3009093	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			: Name and Add	Name and Address of New Registered Agent:		
SOLIMINI, STEVEN 18701 CASSANDRA POINT LANE BOCA RATON, FL 33496 US			18701 CÁSSAN	SOLIMINI, STEVEN 18701 CASSANDRA POINTE LANE BOCA RATON, FL 33496 US		
	named entit of Florida.	y submits this statement for	the purpose of changing its reg	gistered office or registered agent, or both,		
SIGNATURE:				04/15/2009		
	Electr	onic Signature of Registered	Agent	Date		
OFFICERS	S AND DIRE	CTORS:	ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CARTER, JIL 5086 GOLFV	() Delete L M I'EW COURT #1612 ACH, FL 33484	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	CARTER, JA 5086 GOLFV	() Delete MES H I'EW COURT #1612 ACH, FL 33484	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D SHANNON, F 16 TIMBER (GLENDORA,	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	D	() Delete	Title:	() Change () Addition		

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JILL CARTER P 04/15/2009