

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 18, 2008**  
**Secretary of State**

DOCUMENT# N02000006050

**Entity Name:** JEAN EZELL & ASSOCIATES, INC.**Current Principal Place of Business:**1200 N FEDERAL HWY.  
HOLLYWOOD, FL 33020 US**New Principal Place of Business:**11810 HIGHLAND PLACE  
CORAL SPRINGS, FL 33071 US**Current Mailing Address:**11810 HIGHLAND PLACE  
CORAL SPRINGS, FL 33071 US**New Mailing Address:****FEI Number:** 35-2176868**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**EZELL, JEAN  
11810 HIGHLAND PLACE  
CORAL SPRINGS, FL 33071 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EZELL, JEAN  
Address: 11810 HIGHLAND PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D (X) Delete  
Name: WOODS, RITA  
Address: 10260 COUNTY ROAD 9  
City-St-Zip: LISMAN, AL 36912 US

Title: D. (X) Delete  
Name: REESE, MILLY  
Address: 1597 MALLARD COURT  
City-St-Zip: JONESBORO, GA 30238 US

Title: D (X) Delete  
Name: WILLIAMS, BEVERLY  
Address: 2680 NW 43RD TERRACE  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: D (X) Delete  
Name: TAYLOR, WILMA  
Address: 1261 NW 46TH AVE  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: D (X) Delete  
Name: AMOS, JOSEPH  
Address: 5693 GREY FOX CIRCLE  
City-St-Zip: LITHONIA, GA 30038 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: EZELL, EMOGENE  
Address: 11810 HIGHLAND PLACE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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

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

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

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

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

SIGNATURE: DR. EMOGENE EZELL

PRES

06/18/2008

Electronic Signature of Signing Officer or Director

Date