2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2007
Secretary of State

DOCUMENT# N04000008353

Entity Name: J. JIREH CONSULTANTS, INC.

Current Principal Place of Business:

10065 HIDDEN BRANCH DRIVE EAST
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10065 HIDDEN BRANCH DRIVE EAST
JACKSONVILLE, FL 32257

New Mailing Address:

P. O. BOX 23122
JACKSONVILLE, FL 32241

FEI Number: 20-1499782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRISON, ELOISE M
10065 HIDDEN BRANCH DRIVE EAST
JACKSONVILLE, FL 32257 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: HARRISON, ELOISE M
Address: 10065 HIDDEN BRANCH DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: V ( ) Delete
Name: LOCKHART, BRIAN M
Address: 10065 HIDDEN BRANCH DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST ( ) Delete
Name: DAWSON, CAROLYN M
Address: POST OFFICE BOX 23122
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ELOISE M. HARRISON PRES 09/03/2007

Electronic Signature of Signing Officer or Director — Date