2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11111

FILED Apr 30, 2007 Secretary of State

Entity Name: JAMAICA UNITED RELIEF ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	New Principal Place of Business:	
	FERSON STRI DOD, FL 3302				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	FERSON STRI DOD, FL 3302				
FEI Number	: 59-2583843	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Statu	s Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of New Registered A	lgent:	
BLAKE-MUCCING, FAY 5100 JEFFERSON STREET HOLLYWOOD, FL 33021 US			SEWELL, MICHAEL, W. 5100 JEFFERSON STREET HOLLYWOOD, FL 33021 US	5100 JEFFERSON ŚTREET	
	named entity e of Florida.	submits this statement for th	e purpose of changing its registered office or registered	agent, or both,	
SIGNATU		L W. SEWELL	04/30/2007	<i>'</i>	
	Electro	nic Signature of Registered /	Agent Date		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (SEAGA-GONZ 5100 JEFFER: HOLLYWOOD	SON STREET	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VP (PARKIN, CLAU 5100 JEFFERS HOLLYWOOD	SON STREET	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VP (PARKIN, CLAU 5100 JEFFERS HOLLYWOOD	SON STREET	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D (MARTIN, HILM 5100 JEFFER: HOLLYWOOD	SON STREET	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S (HANNA, LORR 5100 JEFFER: HOLLYWOOD	SON STREET	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	D (MUCCING, FA 5100 JEFFER: HOLLYWOOD	SON STREET	Title: D (X) Change () Addition Name: SEWELL, MICHAEL, Address: 5100 JEFFERSON STREET City-St-Zip: HOLLYWOOD, FL 33021		

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: SEWELL, MICHAEL D 04/30/2007