2005 FOR PROFIT CORPORATION FILED ANNUAL REPORT Apr 18, 2005 08:00 AM Secretary of State DOCUMENT # P00000027462 1. Entity Name JUDE INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 741 DEL PRADO BLVD NE 741 DEL PRADO BLVD NE CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 04122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1086563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GRAZIANO, PAUL THADDEUS DO NOT WRITE 741 DEL PRADO BLVD NE CAPE CORAL, FL 33909 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typod or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be U00000313129 04/18/05-80111-014 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE GRAZIANO, PAUL THADDEUS NAME STREET ADDRESS 741 DEL PRADO BLVD NE CITY-ST-ZIP CAPE CORAL, FL 33909 VTD TITLE GRAZIANO, AMIE FAYE NAME 741 DEL PRADO BLVD NE STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33909 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1]9.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall flare 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

and the state of t

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-574-5455

Daytime Phone #