2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032042

Entity Name: JDA MANAGEMENT, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O JOEL D ADAMS 8079 GOLF COURSE BLVD PUNTA GORDA, FL 33982 **New Mailing Address: Current Mailing Address:** C/O JOEL D ADAMS 8079 GOLF COURSE BLVD PUNTA GORDA, FL 33982 FEI Number: 65-1000474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ADAMS, JOEL D 8079 GÓLF COURSE BOULEVARD PUNTA GORDA, FL 33982 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ADAMS, JOEL ADAMS, JOEL Name: Name: 489 CICERO ST. P.O. BOX 1977 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: BOCA GRANDE, FL 33921 19 Title: VΡ (X) Delete Title: () Change () Addition Name: ADAMS, DANIEL K Name: 819 CALVERT AVE Address: Address: PORT CHARLOTTE, FL 33948 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: VΡ VΡ ADAMS, ETHAN M ADAMS, ETHAN M Name: Name: 23495 LARK AVE 9300 SW FT. WINDER STREET Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33954 City-St-Zip: ARCADIA, FL 34269 Title: VΡ () Delete Title: () Change () Addition BURGESS, MIKE Name: Name: Address: 23355 DUCHESS AVENUE Address: City-St-Zip: PORT CHARLOTTE, FL 33954 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE BURGESS VP 04/22/2009