2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# P00000049788

Entity Name: JODOLIS ENTERPRISES, INC.

Current Principal Place of Business:

6890 ROYAL PALM BLVD.
H-105
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

11728 HAPPY CHOICE LANE
GAITHERSBURG, MD 20878 US

New Mailing Address:

15881-A CRABBS BRANCH WAY
ROCKVILLE, MD 20855 US

FEI Number: 59-3655923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTOPIETRO, DOMINIC
6890 ROYAL PALM BLVD., H-105
MARGATE, FL 33063 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVTS ( ) Delete
Name: SANTOPIETRO, DOMINIC
Address: 6890 ROYAL PALM BLVD., H-105
City-St-Zip: MARGATE, FL 33063 US

Title: D ( ) Delete
Name: SANTOPIETRO, DOMINIC
Address: 6890 ROYAL PALM BLVD., H-105
City-St-Zip: MARGATE, FL 33063 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SANTOPIETRO, DOMINIC
Address: 6890 ROYAL PALM BLVD., H-105
City-St-Zip: MARGATE, FL 33063 US

Title: SEC (X) Change ( ) Addition
Name: SANTOPIETRO, DOMINIC
Address: 6890 ROYAL PALM BLVD., H-105
City-St-Zip: MARGATE, FL 33063 US

Title: VP ( ) Change (X) Addition
Name: RUBIN, LISA
Address: 11728 HAPPY CHOICE LANE
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: TRSR ( ) Change (X) Addition
Name: RUBIN, LISA
Address: 11728 HAPPY CHOICE LANE
City-St-Zip: GAITHERSBURG, MD 20878 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA RUBIN VP 05/10/2006

Electronic Signature of Signing Officer or Director Date