2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 25, 2007 8:00 am Secretary of State DOCUMENT # P00000089414 1. Entity Name 01-25-2007 90048 009 ***150 00 JAYDIP, INC. Principal Place of Business Mailing Address 5711 E HWY 98 5711 E HWY 98 PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5711 E HWY Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3673313 City & State City & State Applied For Panama City Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32404 Bay Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRAVIN _PATEL PATEL, PRAVINKUMAR Street Address (P.O. Box Number is Not Acceptable) 5711 E HWY 98 PANAMA CITY FL 32404 Panama 60 5711 E Zip Code 32404 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 Florida. + am familiar with, and accept the obligations of registered agent. 1-20-07 Vusu SIGNATURE Signature, typed or guided hame of registered accept and title if applicable (NOTE Registered Apent signature required when registation FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILL 11111 ☐ Change ☐ Addition ☐ Delete PATEL, PRAVINKUMAR NAME NAME 5711 E HWY 98 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32404 CHY SI-ZIE CHY SE ZIP ☐ Delete THEE ☐ Change ☐ Addition PATEL, VASU 5711 E HWY 98 STREET ADDRESS STREET LADORESS PANAMA CITY FL 32404 CHY-SI-ZIP CITY ST ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-st-702 CHY SI ZIP THE Delete ☐ Change ■ Addition STREET ADDRESS STREET LADORESS CHY-S1-7IP CHY ST ZIP ☐ Defete Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST 7IP HILE ☐ Defelo IIIII Addition NAM NAME STREET ADORESS STREET ADORESS CITY-S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer 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.

FILED

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR