2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094832

Entity Name: JVD FINANCIAL SERVICES, INC.

FILED May 01, 2006 Secretary of State

Current D					
Current P	rincipal Place of	Business:	New Principal Plac	New Principal Place of Business:	
	6747 TIMUQUANA ROAD ACKSONVILLE, FL 32043 US			5747 TIMUQUANA ROAD JACKSONVILLE, FL 32210 US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
ATT. DEB	JQUANA ROAD ORAH DAKA WILLE, FL 32210	US			
FEI Number:	: 59-3673939 F	El Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:	
JACKSON	JQUANA RODA IVILLE, FL 32210	US			
	e named entity sub- e of Florida.	mits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUR					
	Electronic S	Signature of Registered Age	ent	Date	
		b), F.S., the corporation did no st Fund Contribution ().	t receive the prior notice.		
	S AND DIRECTO	` ,	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR	
Title:					
Address:	D () Del DAKA, DEDRIX 3734 ALDINGTON I JACKSONVILLE, FL	DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Title: Name: Address:	DAKA, DEDRÌX 3734 ALDINGTON I	DR. . 32210 ete DR.	Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DAKA, DEDRIX 3734 ALDINGTON I JACKSONVILLE, FL D () Del DAKA, DEBORAH A 3734 ALDINGTON I	DR. - 32210 ete - DR. - 32210 ete DR.	Name: Address: City-St-Zip: Title: Name: Address:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DAKA, DEDRIX 3734 ALDINGTON I JACKSONVILLE, FL D () Del DAKA, DEBORAH A 3734 ALDINGTON I JACKSONVILLE, FL D () Del HENRY, ERTWYN 3734 ALDINGTON I	DR. - 32210 ete DR. - 32210 ete DR. - 32210	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change()Addition	

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:	DEDRIX DAKA	D	05/01/2006