2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051266

Entity Name: J D UNITED SERVICES, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5407 N W 49 AVENUE TAMARAC, FL 33319

Current Mailing Address: New Mailing Address:

P O BOX 473 ROUTE 1 BOX 153H DUFFIELD, VA 24244 DUFFIELD, VA 24244

FEI Number: 65-1110803 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:

DELAVEGA, DIANA S DELAVEGA, DIANA S PRES 5407 NW 49 AVENUE 5407 NW 49 AVENUE TAMARAC, FL 33319 US US TAMARAC, FL 33319

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: DIANA S. DELAVEGA 04/07/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Title: PRFS DELAVEGA, DIANA S DELAVEGA, DIANA S OWNER Name: 5407 NW 49 AVENUE 5407 NW 49 AVENUE Address:

Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: TAMARAC, FL 33319

Title: Title: VΡ (X) Change () Addition () Delete Name: DELAVEGA, JOHN Name: DELAVEGA, JOHN V PRES 5407 NW 49 AVENUE 5407 NW 49 AVENUE Address: Address: TAMARAC, FL 33319 TAMARAC, FL 33319 City-St-Zip: City-St-Zip:

() Delete Title: Title: JVP () Change (X) Addition

Name: WRUCK, PAUL J JR. VP Name: 5407 NW 49 AVENUE Address: Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33319

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: DIANA S DELAEGA **PRES** 04/07/2009