2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 07, 2008 8:00 am Secretary of State DOCUMENT # P01000058212 Entity Name 02-07-2008 90019 014 \*\*\*158.75 JJDY, INC. Principal Place of Business Mailing Address 5000 NORWOOD AVE.. 5000 NORWOOD AVE., JACKSONVILLE FL 32208 JACKSONVILLE FL 32208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5148 5148 NORWOOD NORWOOD Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-3726492 ACK SONU )ACKSONVIL Not Applicable \$8.75 Additional 5. Certificate of Status Desired DUVA 32208 DU VA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EUR, YOUNG Street Address (P.O. Box Number is Not Acceptable) 5000 NORWOOD AVE., #14 JACKSONVILLE FL 32208 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition EUR, YOUNG MAME NAME STREET ADDRESS 3726 HWAKS BAY CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP TITLE ☐ De⊧ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-7IP THE ☐ Delete TOLE ☐ Change Addition 3MAJI MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OffY-ST-7(8) CITY-ST-ZIP TITLE Delete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS ONLY-ST-ZIP CITY-ST-7/P 12. Thereby 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 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 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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