

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089665

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: JADE EVENT MANAGEMENT, INC.

**Current Principal Place of Business:**

179 HILLTOP COURT  
LAKE LURE, NC 28746

**New Principal Place of Business:**

**Current Mailing Address:**

179 HILLTOP COURT  
LAKE LURE, NC 28746

**New Mailing Address:**

FEI Number: 59-3745092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, JAMES  
7190 SEMINOLE BLVD  
SEMINOLE, FL 33772 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCGOWAN, DAWN  
Address: 179 HILLTOP COURT  
City-St-Zip: LAKE LURE, NC 28746

Title: VSTD ( ) Delete  
Name: MCGOWAN, JOSEPH  
Address: 179 HILLTOP COURT  
City-St-Zip: LAKE LURE, NC 28746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH D MCGOWAN

VP

02/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date