## 2007 FOR PROFIT CORPORATION

## Apr 18, 2007 08:00 All Secretary of State **DOCUMENT # P02000123767** JAMARD DEVELOPMENT, INC. Principal Place of Business Mailing Address 2106 BISPHAM RD #B 46 N WASHINGTON BLVD #1 SARASOTA, FL 34231 SARASOTA, FL 34236 CR2E034 (11/05) 02212007 No Chg-P **DO NOT WRITE IN THIS SPACE** Applied For 4. FEI Number 11-3668913 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent of the street, which have have the LPS CORPORATE SERIVCES, INC. DO NOT WRITE 46 N WASHINGTON BLVD #1 SARASOTA, FL 34236 IN THIS SPACE and the season of the season o 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BENNETT, RICHARD NAME STREET ADDRESS 2106 BISPHAM RD #B SARASOTA, FL 34231 CITY-ST-ZIP **DVPS** BENNETT, JAMES R NAME STREET ADDRESS 550 PETERS CREEK PKWY CITY-ST-ZIP WINSTON SALEM, NC 27101 TITLÉ NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME

NAME

BIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

4/10/07

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FILED