


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000029136**  
 1. Entity Name  
 JDD GROUP, INC.



Principal Place of Business      Mailing Address  
 1111 NW 74TH WAY      1111 NW 74TH WAY  
 PLANTATION, FL 33313      PLANTATION, FL 33313

**DO NOT WRITE IN THIS SPACE**



02112005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1178674      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DEKA, JANET  
 1111 NW 74TH WAY  
 PLANTATION, FL 33313

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D  
 NAME: DEKA, JANET  
 STREET ADDRESS: 1111 NW 74TH WAY  
 CITY-ST-ZIP: PLANTATION, FL 33313

TITLE: D  
 NAME: DEKA, DONALD D JR.  
 STREET ADDRESS: 1111 NW 74TH WAY  
 CITY-ST-ZIP: PLANTATION, FL 33313

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
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 CITY-ST-ZIP: \_\_\_\_\_

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 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

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U00000297014  
 04/11/05-80010-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Janet DeKa      4/8/05 (954)791 8087  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #