2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P03000063583

Entity Name: JUST DOODLES, INC.

Current Principal Place of Business:

1950 ALTA VISTA STREET
SARASOTA, FL 34236 US

New Principal Place of Business:

15 PARADISE PLAZA
363
SARASOTA, FL 34239 US

Current Mailing Address:

1950 ALTA VISTA STREET
SARASOTA, FL 34236 US

New Mailing Address:

15 PARADISE PLAZA
363
SARASOTA, FL 34239 US

FEI Number: 65-1248161 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOANNETTE, MONIQUE
1950 ALTA VISTA STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

JOANNETTE, MONIQUE T
1950 ALTA VISTA STREET
SARASOTA, FL 34236 US

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: MONIQUE T. JOANNETTE 03/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: NEWBERRY, ALEXANDER S
Address: 1950 ALTA VISTA STREET
City-St-Zip: SARASOTA, FL 34236

Title: DVPT ( ) Delete
Name: JOANNETTE, MONIQUE T
Address: 1950 ALTA VISTA STREET
City-St-Zip: SARASOTA, FL 34236

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 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: ALEXANDER S. NEWBERRY DPS 03/24/2009
Electronic Signature of Signing Officer or Director Date