2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90055 008 ***150 00

DOCUMENT # P0400004817 1. Entity Name JAD RESOURCES, INC.								8 ***150	
211 SW 6TH	e of Business STREET EACH, FL 33060	Mailing Address 211 SW 6TH STREET POMPANO BEACH, F							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04052005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number			<u> </u>	plied For
Zip ·	Country	Zip	Countr	ry		532369 f Status Desired		8.75 Add	
	6. Name and Address of Curi	rent Registered Agent		•	7. Name and A	ddress of New Re			· ·
				Name			A	-	*
PERRY, JACK 211 SW 6TH STREET POMPANO BEACH, FL 33060			-	Street Address	(P.O. Box Number is Not Acceptable)				
				City	· <u>-</u>		FL	Zip Code	
								miliar with	and accept
the above	e named entity submits this stateme tions of registered agent.	ent for the purpose of changing	its registered	d office or registe	red agent, or both	, in the State of Flori	oo, rama	minical Widi;	aria accopi
the obligat	tions of registered agent.	agent and little of applicable. (N	OTE: Registered	Agent signature require		, in the State of Flori	DATE	with,	
the obligated th	Signature, hyper or printed name of registered. E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5	agent and title of applicable. (N 9. Election Camp 50.00 Trust Fund Co	OTE: Registered Daign Finance	Agent signature require	d when reinstating) 5.00 May Be eled to Fees		DATE		
the obligat	Signature, hyper or printed name of registered. E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5	agent and title of applicable. (N 9. Election Camp Trust Fund Co AND DIRECTORS	one: Registered paign Finance patribution. 11. TITLE I NAME STREE	Agent signature require	d when reinstating) 6.00 May Be ded to Fees ADDITIONS/C CK PERI	CHANGES TO OFFICE Y STREET	DATE	DIRECTORS	
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Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

4/6/05 954/295-1059