


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90209 042 ***158.75

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| DOCUMENT # P04000052917 |  |
| 1. Entity Name JADYN ENTERPRISES, INC. | |

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| Principal Place of Business 2909 FONTANA LN ROYAL PALM BCH, FL 33411 | Mailing Address 2909 FONTANA LN ROYAL PALM BCH, FL 33411 |
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| 2. Principal Place of Business 9545 Palm Isles Drive | 3. Mailing Address 9545 Palm Isle Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|
| City & State BOYNTON BEACH, FLORIDA | City & State BOYNTON BEACH, FLORIDA |
| Zip 33437 | Country US |
| Zip 33437 | Country USA |



04152005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 76-0754893 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GAYNES, DAVID 2736 MISTY OAKS CIR ROYAL PALM BCH, FL 33411 | |
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| 7. Name and Address of New Registered Agent | |
| Name Luther Daniel Childress | |
| Street Address (P.O. Box Number is Not Acceptable) 4823 Pine more lane | |
| City Lake Worth, Fla. | |
| City FL | Zip Code 33463 |

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 *Luther Daniel Childress - President* DATE 4-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHILDRESS, LUTHER 4823 PINEMORE LN LAKE WORTH, FL 33463 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Luther D Childress* Luther Daniel Childress 4-25-05 561 967-9879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #