


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90054 013 \*\*\*150.00

<b>DOCUMENT # P04000072420</b>	
1. Entity Name JBDM 3, INC.	

Principal Place of Business 2991 TIMPANA POINT LONGWOOD, FL 32779	Mailing Address 2991 TIMPANA POINT LONGWOOD, FL 32779
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2. Principal Place of Business <u>519 N. GARLAND AVE.</u>	3. Mailing Address <u>519 N. GARLAND AVE.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232005 Chg-P CR2E034 (10/03)

City & State <u>ORLANDO FLORIDA</u>	City & State <u>ORLANDO FLORIDA</u>
Zip <u>32801</u>	Country <u>USA</u>

4. FEI Number <u>83-0394269</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BLAINE, JAMES 2991 TIMPANA POINT LONGWOOD, FL 32779	
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7. Name and Address of New Registered Agent Name <u>DOUG MOORHEAD</u> Street Address (P.O. Box Number is Not Acceptable) <u>519 N. GARLAND AVE.</u> City <u>ORLANDO</u> FL Zip Code <u>32801</u>	
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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 <u>Doug Moorhead</u> <u>Doug Moorhead, Vice President</u> <u>3-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MOORHEAD, DOUG 478 E. ALTAMONTE DR. SUITE 108-141 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAINE, JAMES 2991 TIMPANA POINT LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COON, STEVE 6248 S.R. 535 WINDEMERE, FLORIDA 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: <u>Doug Moorhead</u> <u>DOUG MOORHEAD, V. Pres</u> <u>3-20-05</u> <u>4074027847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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