2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P04000094647 FILED SECRETARY OF STATE DIVISION OF CORPURATIONS 1. Entity Name J. D. CAD, INC. 08 JUL 24 PH 12: 23 Principal Place of Business Mailing Address 707 OLD CREEK CT 707 OLD CREEK CT 05/15/U8 90025 U31 SANFORD, FL 32773 US SANFORD, FL 32773 US 07212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2141345 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DENTLER, JEFFREY D DO NOT WRITE 707 OLD CREEK CT SANFORD, FL 32773 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, broad or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE DENTLER, JEFFREY D NAME STREET ADDRESS 707 OLD CREEK CT SANFORD, FL 32773 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 eppowered. ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #