FILED 2008 FOR PROFIT CORPORATION Apr 30, 2008 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P04000098301** 1. Entity Name JD/CÓNQUISTADOR, INC. Principal Place of Business Mailing Address 1234 AIRPORT ROAD, SUITE 124 1234 AIRPORT ROAD, SUITE 124 DESTIN, FL 32541 DESTIN, FL 32541 04032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1307458 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DUNKLE, GERALD R DO NOT WRITE 1234 AIRPORT ROAD, SUITE 124 DESTIN, FL 32541 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. **PST** TITLE DUNKLE, GERALD R NAME 1234 AIRPORT ROAD, SUITE 124 STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000935825 05/23/08-80086-017 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. 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 empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #