

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000168954

1. Entity Name
JDCD ENTERPRISE, INC.



Principal Place of Business
**6407 ROCK CREEK DRIVE
LAKE WORTH, FL 33467-6817**

Mailing Address
**6407 ROCK CREEK DRIVE
LAKE WORTH, FL 33467-6817**



07132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2014875 Applied For
Not Applicable

5. Certification of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DANA, LANZA
6407 ROCK CREEK DRIVE
LAKE WORTH, FL 33467**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

U00000570883
07/18/06-R0014-005 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P, S LANZA, DANA 6407 ROCK CREEK DRIVE LAKE WORTH, FL 33467
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

7-14-06

Date

Daytime Phone #