

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008114

Entity Name: JASON GRAHAM, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

3245 N.E. 184TH ST.
APT. 13-201
AVENTURA, FL 33160

New Principal Place of Business:

1220 NW 89TH DRIVE
CORAL SPRINGS, FL 33071

Current Mailing Address:

3245 N.E. 184TH ST.
APT. 13-201
AVENTURA, FL 33160

New Mailing Address:

1220 NW 89TH DRIVE
CORAL SPRINGS, FL 33071

FEI Number: 20-2194833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, JASON A
3245 N.E. 184TH ST.
APT. 13-201
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

GRAHAM, JASON A
1220 NW 89TH DRIVE
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: JASON GRAHAM

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRAHAM, JASON A
Address: 3245 NE 184TH STREET, APT. # 13-201
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAHAM, JASON A
Address: 1220 NW 89TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON GRAHAM

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date