

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 FEB 27 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| DOCUMENT # P05000011269 | | |
| 1. Entity Name JESADA TOOLS, INC. | | |

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| Principal Place of Business 404 PERIWINKLE PLACE FRUIT COVE, FL 32259 US | Mailing Address 404 PERIWINKLE PLACE FRUIT COVE, FL 32259 US |
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|------------------------------------------------------------------------|--------------------------------------------|
| 2. Principal Place of Business - No P.O. Box # 12546 Pond Place Ct. | 3. Mailing Address 12546 Pond Place Ct. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------|---------------------------------|
| City & State Jacksonville FL | City & State Jacksonville FL |
| Zip 32223 | Zip 32223 |
| Country USA | Country USA |

02162007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 61-1483183 | Applied For 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 PLEIMAN, THOMAS C JR 9471 BAYMEADOWS ROAD SUITE 308 JACKSONVILLE, FL 32256 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE _____ | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| Amended AR is \$61.25 | 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BRASWELL, JAMES E SR. 404 PERIWINKLE PLACE FRUIT COVE, FL 32259 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P William Adams 12546 Pond Place Court Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Ashley Adams 12546 Pond Place Court Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500089984165 03/02/07--01004--016 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | 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 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.

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| SIGNATURE: | 2/26/07 (904) 424-8702 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |