2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Sep 12, 2008 8:00 am Secretary of State DOCUMENT # P05000045760 09-12-2008 90002 030 ***150.00 JEBCO INDUSTRIES, INC. Principal Place of Business Mailing Address 8421 BRIDGEPORT DRIVE 8421 BRIDGEPORT DRIVE WEST PALM BEACH, Ft. 33411 WEST PALM BEACH, FL 33411 Principal Place of Business - No P.O. Box # 3. Mailing Address 9421 Bridgeport 52me Suite, Apt. #, etc. 09082008 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 20-2703603 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. P.O. Box Number is Not Acceptable) Bridge port Dri 1840 SW 22ND ST. 🛷畸分 4TH FLOOR MIAMI, FL 33145 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, the obligations of registered agent SIGNATUR (NOTE: Register+) Agent in gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Bills Change Addition Delete BLITZER, JEROME J NAME 9421 Bridge port Dr. NAME STREET ADDRESS 8421 BRIDGEPORT DRIVE STAFF ADDRESS W. Polm Beach Fl CITY ST-ZIP WEST PALM BEACH, FL 33411 CITY ST-ZIP ☐ Change .. ☐ Delete Addition THE ŞÂMF NAME STREET ADDRESS TELT ADDRESS \$-7 -1 ZIP CITY-ST-ZIP 3,10 THILE ∏ Addition Delete ☐ Change *.65d(51-EFT ADDRESS STAFET ADDRESS 1 OF 710 GATY STAZIP ☐ Delete Tile ☐ Change ☐ Addition NAME NAME STREET ADORESS THE T ADORESS C TY - ST - ZIP UNY ST-ZIE 771 ☐ Delete ☐ Change Addition . NAMĹ THORFT ADDRESS STREET ADDRESS 1 'Y 17.ZIP CITY ST ZIP -----t Delete ☐ Change ☐ Addition TiTLE -F-FE ADDRESS STREET ADDRESS CITY ST ZIP 12. I hereby certify that the information supplied with this filling 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

9-9-08 561-753-879