

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90022 025 ***150.00

DOCUMENT # P05000066184 1. Entity Name DITY JN, INC.					
Principal Place of Business XXXXX SUNCOAST BLVD HOMOSASSA, FL 34448-2324			Mailing Address XXXXX SUNCOAST BLVD HOMOSASSA, FL 34448-2324		
2. Principal Place of Business - No P.O. Box # 6261 S. SUNCOAST BLVD.			3. Mailing Address 4548 S SUNCOAST BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc. PMB #193		
City & State HOMOSASSA, FL			City & State HOMOSASSA, FL		
Zip 34446-		Country		Zip 34446	
Country		4. FEI Number 20-2821248			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent XXXXXX DIANNA S 3249 S MICHIGAN BLVD HOMOSASSA, FL 34448				7. Name and Address of New Registered Agent Name BOGGS, DIANNA S. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST XXXXXX DIANNA S 3249 S MICHIGAN BLVD HOMOSASSA, FL 34448	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOGGS, DIANNA S.	<input checked="" 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
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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.					
SIGNATURE: <i>Dianna S. Boggs</i>			DIANNA S. BOGGS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>8-22-07</i> Daytime Phone #		

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