2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: John & Drott In Mrc 5
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICE OF

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P05000068657 1. Entity Name JD INVENTS, INC.					05-02-2007	90110 004 ***1	.50.00
Principal Place of Business 241 GRAPEWOOD COURT MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145				- 			
2. Principal P	lace of Business - No P.O. Box #	vod Ci				1521201171227	
City & State		<u> </u>	4. FEI Numb	Chg-P er	CR2E034 (12/06	Applied For	
7/A	co kslent, PC	Country _	20-281			Not Applicable	
Sip Country A Si			US-4	5. Certificate of Status Desired			
	-	Name	7. Name and Address of New Registered Agent Name				
241 GRAP	R, JOHN W PRES EWOOD CT SLAND, FL 34145	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	: <i>[</i>	City			FL Zip Co	ode	
8. The above named antity 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							Ih, and accept
the obligations of registered agent. SIGNATURE Signature-typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to							
10.	OFFICERS AND		11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	PRES DROTT JR, JOHN W PRES 241 GRAPEWOOD CT MARCO ISLAND, FL 34145	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e [Addition
TITLE	VP DROTT, JR. JOHN W VP	☐ Delete	TITLE			☐ Changi	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP	241 GRAPEWOOD CT MARCO ISLAND, FL 34145		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-2IP	SEC DROTT, JR, JOHN W SEC 241 GRAPEWOOD CT MARCO ISLAND, FL 34145	☐ Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🔲 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🗍 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 mode 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.							