
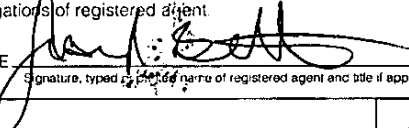


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90169 041 ***150.00

DOCUMENT # P05000072063 1. Entity Name J & D OF ORLANDO, INC.																											
Principal Place of Business 1326 N. MILLS AVE INC. ORLANDO, FL 32803		Mailing Address 1326 N. MILLS AVE INC. ORLANDO, FL 32803																									
2. Principal Place of Business 1326 N. MILLS AVE. Suite, Apt. #, etc.		3. Mailing Address 1326 N. MILLS AVE. Suite, Apt. #, etc.																									
City & State ORLANDO, FL		City & State ORLANDO, FL																									
Zip 32803		Zip 32803																									
Country ORANGE		Country ORANGE																									
4. FEI Number 043815957		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BETTES, JOSEPH 1326 N. MILLS AVE INC. ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name 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  DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BETTES, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1326 N. MILLS AVE INC.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32803</td> <td></td> </tr> </table>		TITLE	DP	<input type="checkbox"/> Delete	NAME	BETTES, JOSEPH		STREET ADDRESS	1326 N. MILLS AVE INC.		CITY-ST-ZIP	ORLANDO, FL 32803		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DENNIS MCCORMACK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1326 N. MILLS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32803</td> <td></td> </tr> </table>		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DENNIS MCCORMACK		STREET ADDRESS	1326 N. MILLS AVE		CITY-ST-ZIP	ORLANDO, FL 32803	
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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:  **DENNIS MCCORMACK** 4/29/06 402-895-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #