2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000138180 1. Entity Name JENEQUITY, INC.



FILED Mar 19, 2008 08:00 A **Secretary of State**

Principal Place of Business

250 INTERNATIONAL PARKWAY

SUITE 114 LAKE MARY, FL 32746 Mailing Address

250 INTERNATIONAL PARKWAY

SUITE 114

LAKE MARY, FL 32746



DO NOT WRITE IN THIS SPACE

03142008

No Cha-P

CR2E034 (11/05)

4. FEI Number 20-3817361 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARP, DUDLEY Q JR. 369 N. NEW YORK AVE., 3RD FLOOR WINTER PARK, FL 32789

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8.	3. 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 ac	cept
	the obligations of registered agent.		

SIGNATURE

10.

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

PDST TITLE NAME SHARABBA, JENNIFER STREET ADDRESS 250 INTERNATIONAL PARKWAY, STE 114 CITY-ST-ZIP LAKE MARY, FL 32746 TITLE FESS, MICHAEL D NAME STREET ADDRESS 250 INTERNATIONAL PARKWAY, STE 114 CITY-ST-ZIP LAKE MARY, FL 32746 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICERS AND DIRECTORS

U000000863430 04/03/08-80090-017 150.00

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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 address, with all other like empowered.

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR