


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90129 029 \*\*\*150.00

<b>DOCUMENT # P05000146963</b> 1. Entity Name <b>THE JD SOURCE, INC.</b>																																			
Principal Place of Business <b>8201 PETERS ROAD</b> <b>1000</b> <b>PLANTATION, FL 33324</b>		Mailing Address <b>8201 PETERS ROAD</b> <b>1000</b> <b>PLANTATION, FL 33324</b>																																	
2. Principal Place of Business - No P.O. Box # <b>11534 Wiles Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>11534 Wiles Road</b> Suite, Apt. #, etc.																																	
City & State <b>Coral Springs, FL</b> Zip <b>33076</b>		City & State <b>Coral Springs FL</b> Zip <b>33076</b>																																	
Country <b>USA</b>		Country <b>USA</b>																																	
4. FEI Number <b>20-3724105</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>CORIN, DENISE D</b> <b>8201 PETERS ROAD</b> <b>1000</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>11534 Wiles Road</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33076</b>																																	
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>																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width:70%;">CORIN, DENISE D</td> </tr> <tr> <td>NAME</td> <td colspan="3">8201 PETERS ROAD, SUITE 1000</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">PLANTATION, FL 33324</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	CORIN, DENISE D	NAME	8201 PETERS ROAD, SUITE 1000			STREET ADDRESS	PLANTATION, FL 33324			CITY-ST-ZIP				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:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width:10%;"></td> <td style="width:70%;">11534 Wiles Road</td> </tr> <tr> <td>NAME</td> <td colspan="3">Coral Springs, FL 33076</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3"></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		11534 Wiles Road	NAME	Coral Springs, FL 33076			STREET ADDRESS				CITY-ST-ZIP			
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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: 		7/10/07 954. 346. 5570																																	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																	