

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

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| DOCUMENT # P05000150415 1. Entity Name JASE NEAL DESIGN CONCEPTS, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2562 LAKE DEBRA DRIVE #28-104 ORLANDO, FL 32835 US | | | Mailing Address 2562 LAKE DEBRA DRIVE #28-104 ORLANDO, FL 32835 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 2179 Lake Debra Dr Suite, Apt. #, etc. #523 | | 3. Mailing Address 2179 Lake Debra Dr. Suite, Apt. #, etc. #523 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Orlando Florida | | City & State Orlando Florida | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 32835 | Country USA | Zip 32835 | Country USA | 4. FEI Number 20-3783757 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GRIFFIN, JASON 2562 LAKE DEBRA DRIVE #28-104 ORLANDO, FL 32835 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2179 Lake Debra Drive #523 City Orlando FL Zip Code 32835 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: 4/14/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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%;">P GRIFFIN, JASON</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2562 LAKE DEBRA DRIVE, #28-104</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32835</td> <td></td> </tr> </table> | | | TITLE | P GRIFFIN, JASON | <input type="checkbox"/> Delete | NAME | | | STREET ADDRESS | 2562 LAKE DEBRA DRIVE, #28-104 | | CITY-ST-ZIP | ORLANDO, FL 32835 | | 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%;">2179 Lake Debra Dr #523</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando Florida 32835</td> <td></td> </tr> </table> | | | TITLE | 2179 Lake Debra Dr #523 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | Orlando Florida 32835 | |
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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: 4/14/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE</small> | | | 321-662-6640 <small>Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | |