


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 AM 8:10

DOCUMENT # P06000034975 1. Entity Name JAMDI CORP					
Principal Place of Business 4548 PINE ISLAND ROAD SUITE C MATLACHA, FL 33993 US			Mailing Address 6094 VALERIA RD BOKEELIA, FL 33922 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4548 PINE ISLAND ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE C			
City & State		City & State MATLACHA FL			
Zip	Country	Zip	Country	4. FEI Number 20-4468657	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SANSONE, JEFFREY J 6094 VALERIA RD BOKEELIA, FL 33922			7. Name and Address of New Registered Agent Name SANSONE, ANN I Street Address (P.O. Box Number is Not Acceptable) 4548 PINE ISLAND ROAD SUITE C City MATLACHA FL Zip Code 33993		
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 <u><i>Ann I. Sansone</i></u> 4-23-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANSONE, JEFFREY J 6094 VALERIA RD BOKEELIA, FL 33922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANSONE, ANN I 6094 VALERIA RD BOKEELIA, FL 33922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANSONE, ANN I 4548 PINE ISLAND ROAD MATLACHA FL 33993	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400129221144 05/13/08--01030--021 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u><i>Ann I. Sansone</i></u> 4-23-08 239-283-4747 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

5/1/08