2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013469

Name:

Address:

City-St-Zip:

FILED Jan 15, 2009 Secretary of State

Entity Name: J	J.A.B.D. INVESTMENT GROUP, INC.			
Current Princip	oal Place of Business:	New Principal Place o	of Business:	
#11	D BOULEVARD SOUTH			
CAPE CORAL, F	FL 33990			
Current Mailing	g Address:	New Mailing Address:		
	D BOULEVARD SOUTH			
#11 CAPE CORAL, F	FL 33990			
FEI Number: 20-840	06443 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Addr	ress of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SEALEY, JOSEF 231 DEL PRADO #11				
CAPE CORAL, F	FL 33950 US			
The above name in the State of Flo	ed entity submits this statement for the porida.	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
_	Electronic Signature of Registered Age	ent	Date	
Election Campaign	Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	() Delete LEY, JOSEPH L DEL PRADO BLVD SOUTH	Name: SEALEY, JOS	(X) Change () Addition SEPH L ADO BLVD SOUTH	

CAPE CORAL, FL 33950 City-St-Zip: CAPE CORAL, FL 33950 City-St-Zip:

VPD () Delete Title: (X) Change () Addition

CUMBER, AFTAB A WILLARD, DANNY L Name: Name: Address: 1910 PRESTON TRAIL Address: 2956 SE DUNE DRIVE CORAL SPRINGS, FL 33071 STUART, FL 34669 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

WILLARD, DANNY L Name: 2956 SE DUNE DRIVE Address: STUART, FL 34669 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH L. SEALEY D/P 01/15/2009