## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2008 8:00 am Secretary of State

1/:

DOCUMENT # P07000054830  1. Entity Name JALSAM CORP.						01-14-2	008 9008	38 033 °	***150.00
Principal Place of Business Mailing Address									
	LÉTON DRIVE ICH, Fl. 33446	7761 DOUBLETON DRIVE DELRAY BEACH, FL 33446							
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. W. etc.		Suite, Apt. #, etc.			01072008	Chg-P	CR2E03	4 (12/06)	I
City & State		City & State			4. FEI Number 67 0153			pplied For lot Applicable	
Zip	Country	Zip Count		stry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		ditional ad
	6. Name and Address of Current	Registered Agent		Name	7. Name and /	ddress of New R	egistered Aq	ent	
DENNIS, SIDNEY									
	IBLETON DRIVE BEACH, FL 33446			Street Address (P.O. Box Number is Not Acceptable)					
	₹.		City			FL	Zip Cod	ie	
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flo		miliar with	and accept
	tions of registered agent.		•		•				
SIGNATURE.	Signature, typeo or orrited name of segistered agent	and little if applicable (NOH	E: Registere	d Agent signature required	(when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa On Trust Fund Cont			.00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	PCEO DENNIS, SIÐNEY	☐ Deleie	TITLE				Ţ	Change	Addition .
STREET ADDRESS	7761 DOUBLETON DRIVE DELRAY BEACH, FL 33446			ET ADDRESS -S1-ZIP					
TITLE	D	☐ Octate	TATLE	<del>-</del>			i	☐ Change	Addition
NAME STREET ADDRESS	DENNIS, SIDNEY 7761 DOUBLETON DRIVE		NAM	ET ADORESS					
CITY - ST - ZIP	DELRAY BEACH, FL 33446			-SI-ZIP					_
TITLE NAME	STD DENNIS, MARICE	☐ Delete	TOLE				[	Change	☐ Addition
STREET ADDRESS	7761 DOUBLETON DRIVE	•	STRE	ET ADORESS					
CITY+SI+ZiP	DELRAY BEACH, FL 33446	Delete -	CitY 	-SI-ZIP				Change	Addition -
NAME		Delete	NAM	€			,	T. cum.de	
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -SI-ZIP					
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HAME STREET ADDRESS			HAM! STRE	ET ADDRÉSS					
CITY-ST-ZIP				-ST-ZIP					
TITLE HAME		☐ Delete	THE NAME	ŀ			[	] Change	Addition
STREET ADDRESS			STAE	ET ADDRESS					ł
CiTY-ST-ZIP		anti-filing and the second of		-SI-ZIP	la Observation	Tlavida Pers 4 1		. Should be of	
indicated of the cor	certify that the information supplied with fon this report or supplemental reportion reportation or the receiver or trustee and	s true and accurate and that newered to execute this report	ny signat as requi	emplions contained lure shall have the s red by Chapter 607	im Chapter 119, l same legal effect ( , Florida Statutes;	riorida Statutes, I ' as il made under o and that my name	orther certify ath; that I am appears in E	that the in an officer Block 10 or	or director r Block 11 if
cnangeo	, or on an attachment with an address,	with all other like eropowered.	1		•	linla			{
SIGNAT	TURE: SIGNATURE AND TYPED OR	PRINTED NAME OF STORMO OFFICER	OR DIRECT	OR .		Oak Oak	Onyo	ane Phone #	
		/ L			-				