

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000073581

Entity Name: J.D.V VENTURES, INC.

FILED  
Mar 21, 2009  
Secretary of State

## Current Principal Place of Business:

11433 CYPRESS RESERVE DR.  
TAMPA, FL 33626 US

## New Principal Place of Business:

3865 EVERGREEN OAKS DR  
LUTZ, FL 33558 US

## Current Mailing Address:

11433 CYPRESS RESERVE DR.  
TAMPA, FL 33626 US

## New Mailing Address:

3865 EVERGREEN OAKS DR  
LUTZ, FL 33558 US

FEI Number: 26-0425124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VOLINSKY, JARED  
11433 CYPRESS RESERVE DR.  
TAMPA, FL 33626 US

## Name and Address of New Registered Agent:

VOLINSKY, JARED  
3865 EVERGREEN OAKS DR  
LUTZ, FL 33558 US

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.

SIGNATURE:

03/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: VOLINSKY, JARED  
Address: 11433 CYPRESS RESERVE DR.  
City-St-Zip: TAMPA, FL 33626 US

Title: VP ( ) Delete  
Name: VOLINSKY, DANIELLE  
Address: 11433 CYPRESS RESERVE DR.  
City-St-Zip: TAMPA, FL 33626 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VOLINSKY, JARED  
Address: 3865 EVERGREEN OAKS DR  
City-St-Zip: LUTZ, FL 33558 US

Title: VP (X) Change ( ) Addition  
Name: VOLINSKY, DANIELLE  
Address: 3865 EVERGREEN OAKS DR  
City-St-Zip: LUTZ, FL 33558 US

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: JARED VOLINSKY

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date