
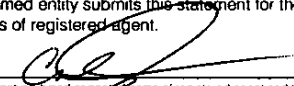
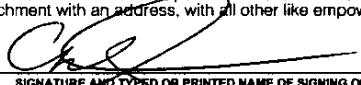


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90037 034 \*\*\*150.00

<b>DOCUMENT # P07000106813</b> 1. Entity Name <b>JALANY HOLDINGS, INC.</b>		
Principal Place of Business <b>GLOBAL CELLULAR, PADDOCK MALL</b> <b>3100 SW COLLEGE ROAD</b> <b>OCALA, FL 34474</b>		Mailing Address <b>1850 S.E. 18TH AVENUE #2407</b> <b>OCALA, FL 34471</b>
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  <b>PARKER, MICHAEL</b> <b>1850 S.E. 18TH AVENUE #2407</b> <b>OCALA, FL 34471</b>		DO NOT WRITE IN THIS SPACE
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:  DATE: <b>3/30/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>PARKER, MICHAEL</b> <b>1850 SE 18TH AVE. #2407</b> <b>OCALA, FL 34471</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>PARKER, TRENDIA</b> <b>1850 SE 18TH AVE. #2407</b> <b>OCALA, FL 34471</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>3/30/08</b> <small>Daytime Phone #</small>