2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134289

Entity Name: JEO MANAGER I, INC.

FILED May 19, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
866 NE 20 AVE. FT. LAUDERDALE, FL 333043036				866 NE 20TH AVE. FT. LAUDERDALE, FL 333043036				
Current Mailing Address:				New Mailing Address:				
866 NE 20 AVE. FT. LAUDERDALE, FL 333043036				866 NE 20TH AVE. FT. LAUDERDALE, FL 333043036				
FEI Number: 26-16	342680 FEI Nun	nber Applied For()	FEI Num	ber Not Appli	cable ()	Certific	ate of Status	s Desired ()
Name and Add	ress of Current R	egistered Agent:		Name and	Address of	New Re	gistered A	gent:
	GISTERED AGENT VE PARK DR., STE 33331 US							
The above name in the State of F		nis statement for the p	urpose of	changing its	s registered	office or	registered	agent, or both,
SIGNATURE:								
_	Electronic Signat	ure of Registered Age	nt				Date	
Election Campaigr	n s. 607.193(2)(b), F.S n Financing Trust Fur D DIRECTORS:	i., the corporation did not nd Contribution ().				5 TO OF	FICERS A	ND DIRECTORS:
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:	DIR (O'DONNELL, 866 NE 20TH FT. LAUDERD	JOHN E AVE.	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:	PRES (O'DONNELL, 866 NE 20TH FT. LAUDERD	JOHN E AVE.	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:	CEO (O'DONNELL, 4 866 NE 20TH : FT. LAUDERD	JOHN E AVE.	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:	COO (ANTROP, PAU 866 NE 20TH : FT. LAUDERD	IL R AVE.	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:	SECY (ANTROP, PAU 866 NE 20TH . FT. LAUDERD	IL R AVE.	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete			Title: Name: Address: City-St-Zip:	CFO (STANSKY, PA 866 NE 20TH. FT. LAUDERD	ÚL J AVE.	(X) Addition	

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: PAUL R. ANTROP SECY 05/19/2008