


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P21938 1. Entity Name JERBO HOLDINGS I, INC.	
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Principal Place of Business 1725 SIDEWINDER DR SUITE 1000 PARK CITY, UT 84060	Mailing Address 1725 SIDEWINDER DR SUITE 1000 PARK CITY, UT 84060
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3617004	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REINSDORF, JERRY M. 1725 SIDEWINDER DR., SUITE 1000 PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JUDELSON, ROBERT A. 1725 SIDEWINDER DR., SUITE 1000 PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PENNER, GERALD M. 525 WEST MONROE ST.#1600 CHICAGO, IL 60661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHANESS, LARRY 1725 SIDEWINDER DR., SUITE 1000 PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS O'BRIEN, JAMES 1725 SIDEWINDER DR. SUITE 1000 PARK CITY, UT 84060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11/20/05-80043-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #