

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 004 \*\*\*150.00

<b>DOCUMENT # P21938</b> 1. Entity Name <b>JERBO HOLDINGS I, INC.</b>			
Principal Place of Business <b>1725 SIDEWINDER DR SUITE 1000 PARK CITY, UT 84060</b>		Mailing Address <b>1725 SIDEWINDER DR SUITE 1000 PARK CITY, UT 84060</b>	
2. Principal Place of Business - No P.O. Box # <b>1762 B PROSPECTOR AVE</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>PARK CITY, UTAH</b> Zip <b>84060</b>		3. Mailing Address <b>1762 B PROSPECTOR AVE</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>PARK CITY, UTAH</b> Zip <b>84060</b>	
4. FEI Number <b>36-3617004</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REINS DORF, JERRY M. 1725 SIDEWINDER DR., SUITE 1000 PARK CITY, UT 84060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REINS DORF, JERRY M. 1762 B PROSPECTOR AVE., SUITE 200 PARK CITY, UTAH 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	VSD JUDELSON, ROBERT A. 1762 B PROSPECTOR AVE., SUITE 200 PARK CITY, UTAH 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 PENNER, GERALD M. 525 WEST MONROE ST., SUITE 1600 CHICAGO, IL 60611
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 CHANESS, LARRY 1762 B PROSPECTOR AVE., SUITE 200 PARK CITY, UTAH 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	AS O'Brien, James 24911 Estancia Circle San Antonio, TX 78258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: <b>1/29/07</b> (435) 645-7755	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	