

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 27, 2005
Secretary of State**

DOCUMENT# P93000086906

Entity Name: JDN LEASING, INC.

Current Principal Place of Business:

11562 CLEARCREEK DRIVE
PENSACOLA, FL 32514 US

New Principal Place of Business:

301 W NINE MILE ROAD
PENSACOLA, FL 32534 US

Current Mailing Address:

11562 CLEARCREEK DRIVE
PENSACOLA, FL 32514 US

New Mailing Address:

301 W NINE MILE ROAD
SUITE #4A
PENSACOLA, FL 32534 US

FEI Number: 59-3221741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NASSEF, JOSH D
11562 CLEARCREEK DRIVE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

NASSEF, NAMON A
301 W NINE MILE ROAD
SUITE #4A
PENSACOLA, FL 32534 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: NAMON A NASSEF 10/27/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NASSEF, JOSH D.
Address: 11562 CLEARCREEK DRIVE
City-St-Zip: PENSACOLA, FL

Title: DVP (X) Delete
Name: NASSEF, DAMIAN A.
Address: 11562 CLEARCREEK DRIVE
City-St-Zip: PENSACOLA, FL

Title: DST (X) Delete
Name: NASSEF, DANNA R
Address: 11562 CLEARCREEK DRIVE
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NASSEF, NAMON
Address: 301 W NINE MILE ROAD SUTE #4A
City-St-Zip: PENSACOLA, FL 32534 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NAMON A NASSEF PD 10/27/2005
Electronic Signature of Signing Officer or Director Date