



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000009800 1. Entity Name MJD VENTURES, INC.		
Principal Place of Business 301 W. CAMINO GRDNS BLVD SUITE 101 BOCA RATON, FL 33432		Mailing Address 301 W. CAMINO GRDNS BLVD SUITE 101 BOCA RATON, FL 33432
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DEMPSEY, W. GLENN 505 S FLAGLER DRIVE SUITE 1330 WEST PALM BEACH, FL 33401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000406008 02/07/06-80062-017 150.00
TITLE	STD	DO NOT WRITE IN THIS SPACE
NAME	BAILEY, GARY S	
STREET ADDRESS	P.O. BOX 3244-N/A	
CITY-ST-ZIP	TEQUESTA, FL	
TITLE	PD	
NAME	BAILEY, JEFFREY H	
STREET ADDRESS	380 E. LIONSHEAD CIRCLE	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	VAIL, CO	
TITLE	D	
NAME	BAILEY, DOUGLAS S	
STREET ADDRESS	P.O. BOX 3244-N/A	
CITY-ST-ZIP	TEQUESTA, FL	
TITLE	D	DO NOT WRITE IN THIS SPACE
NAME	BAILEY, MARY MELISSA	
STREET ADDRESS	5411 WATEKA DR	
CITY-ST-ZIP	DALLAS, TX 75209	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		Gary S. Bailey 1/29/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #