2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000009800

1. Entity Name
MJD VENTURES, INC.



FILED Feb 04, 2008 08:00 Al Secretary of State

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

01092008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3219963
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DEMPSEY, W. GLENN 505 S FLAGLER DRIVE SUITE 1330 WEST PALM BEACH, FL 33401

SIGNATURE

DO NOT WRITE IN THIS SPACE

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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					
(NOTE TO SERVICE SERVI					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribut			cing	\$5.00 May Be Added to Fees	
10. 1	OFFICERS AND DIREC	CTORS	,	- '	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	STD BAILEY, GARY S P.O. BOX 3244-N/A TEQUESTA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, JEFFREY H 380 E. LIONSHEAD CIRCLE VAIL, CO				U00000815700 02/14/08-80019-022 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D BAILEY, DOUGLAS S P.O. BOX 3244-N/A TEQUESTA, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, MARY MELISSA 5411 WATEKA DR DALLAS, TX 75209			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	1			
12. I hereby certify that the information supplies with this filt of 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 tastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if					

Gary S. Bailey

empowered.

NAME OF SIENING OFFICER OR DIRECTOR