


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90018 037 \*\*\*150.00

<b>DOCUMENT # P95000044390</b> 1. Entity Name <b>JADE DRIVE CORPORATION</b>					
Principal Place of Business <b>C/O BEN AND JERRYS OF KEY WEST 425 FRONT STREET KEY WEST, FL 33040</b>			Mailing Address <b>C/O BEN AND JERRYS OF KEY WEST 425 FRONT STREET KEY WEST, FL 33040</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0587011</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>RUSKIN, ALLEN 606 TRUMAN AVE 3 KEY WEST, FL 33040</b>				7. Name and Address of New Registered Agent Name <b>RUSKIN, SUSAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>606 Truman Av #3</b> City <b>Key West</b> FL Zip Code <b>33040</b>	
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: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUSKIN, ALLEN 606 TRUMAN AVE. APT. 3 KEY WEST, FL 33040</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUSKIN, SUSAN 606 TRUMAN AV. APT 3 KEY WEST, FL 33040</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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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.					
<b>SIGNATURE: <u>Susan Ruskin</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

**50024322**



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