


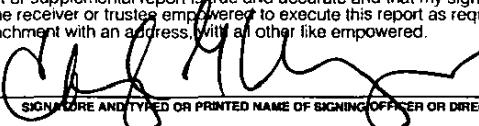


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90205 011 ***150.00

DOCUMENT # P95000078046 1. Entity Name JUDAH ENTERPRISES, INC.					
Principal Place of Business 4460 BELFOUNTAIN ST. 4431 GANYARD ST. PORT CHARLOTTE, FL 33948 US 33980			Mailing Address 4460 BELFOUNTAIN ST PORT CHARLOTTE, FL 33948 US		
2. Principal Place of Business 4431 GANYARD ST.		3. Mailing Address PO BOX 511144			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____		04242005 Chg-P CR2E034 (10/03)	
City & State Port Charlotte, FL.		City & State Punta Gorda, FL.		4. FEI Number 65-0657723	
Zip 33980		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33951		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYNN, CHERYL G. 4460 BELFOUNTAIN ST. 4431 GANYARD ST. PORT CHARLOTTE, FL 33948 Port Charlotte, FL. 33980				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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:  DATE: 4-27-05 <small>Signature typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, WYNN, CHERYL G <input type="checkbox"/> Delete 4460 BELFOUNTAIN ST. PORT CHARLOTTE, FL 33948		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WYNN, CHERYL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4431 GANYARD ST. Port Charlotte, FL 33980	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, CECELIA <input type="checkbox"/> Delete 3740 TANGIER TERRACE SARASOTA, FL 34239		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	
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	
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 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 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 an other like empowered.					
SIGNATURE:  4-27-05 941-766-8266 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CHERYL G. WYNN, CEO					