
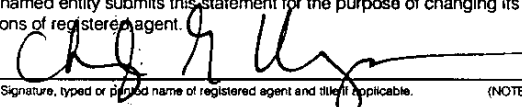
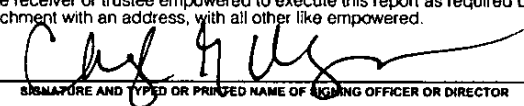


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90197 029 ***150.00

DOCUMENT # P95000078046					
1. Entity Name JUDAH ENTERPRISES, INC.					
Principal Place of Business 4431 GANYARD ST PORT CHARLOTTE, FL 33980 US			Mailing Address P O BOX 511144 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business 4371 GUARD ST.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PORT CHARLOTTE, FL		City & State			
Zip 33980		Country U.S.A.		Zip	
Country		Country			
4. FEI Number 65-0657723			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WYNN, CHERYL G 4431 GANYARD ST PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) 4371 GUARD ST			Street Address (P.O. Box Number is Not Acceptable)		
City PORT CHARLOTTE			City PORT CHARLOTTE		
FL			FL		
Zip Code 33980			Zip Code 33980		
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 4-21-06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE CEO	NAME WYNN, CHERYL G		<input type="checkbox"/> Delete		
STREET ADDRESS 4431 GANYARD ST	CITY - ST - ZIP PORT CHARLOTTE, FL 33948		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P	NAME MILLS, CECELIA		<input type="checkbox"/> Delete		
STREET ADDRESS 3740 TANGIER TERRACE	CITY - ST - ZIP SARASOTA, FL 34239		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: 				DATE 4-21-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	