


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90196 017 \*\*\*150.00

<b>DOCUMENT # P95000078046</b>		
1. Entity Name <b>JUDAH ENTERPRISES, INC.</b>		

Principal Place of Business <b>4421 GANYARD ST PORT CHARLOTTE, FL 33980 US</b>	Mailing Address <b>P O BOX 511144 PUNTA GORDA, FL 33951 US</b>
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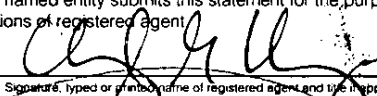
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
<b>WYNN, CHERYL G 4371 BGUARD ST PORT CHARLOTTE, FL 33980</b>	

4. FEI Number <b>65-0657723</b>	Applied For <input type="checkbox"/> Not Applicable
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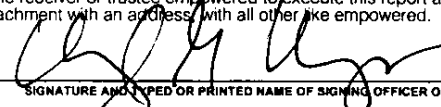
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	DATE: <b>4-25-08</b>

<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b></p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CEO <input type="checkbox"/> Delete
NAME	<b>WYNN, CHERYL G</b>
STREET ADDRESS	<del>26042 RAMPART BLVD</del>
CITY-ST-ZIP	<del>PUNTA GORDA, FL 33983</del>
TITLE	P <input type="checkbox"/> Delete
NAME	<b>MILLS, CECELIA</b>
STREET ADDRESS	<b>3740 TANGIER TERRACE</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34239</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1495 BLUE LAKE CIRCLE</b>
CITY-ST-ZIP	<b>PUNTA GORDA, FL 33983</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 	Date: <b>4-25-08</b> Daytime Phone #: <b>941-766-8126</b>