2007 FOR PROFIT CORPORATION

Apr 16, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P96000021710 1. Entity Name J D OF SOUTH FLORIDA ENTERPRISE, INC. Principal Place of Business Mailing Address 1424 NE 22ND AVE 1424 NE 22ND AVE CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 01062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0645956 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DURHAM, JOSEPH SR DO NOT WRITE 1424 NE 22ND AVE CAPE CORAL, FL 33909 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DURHAM, JOSEPH SR NAME STREET ADDRESS 1424 NE 22ND AVE CAPE CORAL, FL 33909 CITY-ST-ZIP 000000710411 04/25/07-80043-005 150.00 TITLE DURHAM, RUTH A NAME STREET ADDRESS 1424 NE 22ND AVE CAPE CORAL, FL 33909 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 w

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED