2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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ent with an address, with all other like empowered.

Apr 06, 2007 8:00 am Secretary of State **DOCUMENT # P97000019864** 04-06-2007 90029 010 ***150.00 1. Entity Name JCD HOLDINGS,INC. Principal Place of Business Mailing Address quusioni 1300PARK OF COMMERCE, STE. 272 1300PARK OF COMMERCE, STE. 272 DELARY BEACH, FL 33445 DELARY BEACH, FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0737799 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUBIN, BRAHM 1300PARK OF COMMERCE, STE. 272 DELRAY BEACH, FL 33445 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agera signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPS Delete TITLE ☐ Change ☐ Addition TITLE DUBIN, BRAHM NAME NAME 1300PARK OF COMMERCE, STE. 272 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33445 CITY-ST-ZiP CITY-ST-ZIP DVP TOTLE ☐ Change ☐ Addition TITLE ☐ Delete DUBIN, JEANNE C NAME NAME 1300PARK OF COMMERCE, STE. 272 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33445 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TOTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z(P CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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