2004 FOR PROFIT CORPORATION

Apr 23, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P97000021090 JEDÓ SERVICES, INC. Principal Place of Business Mailing Address 801 S FEDERAL HWY #205 801 S FEDERAL HWY #205 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 04192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0747803 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IRWIN, DONALD E DO NOT WRITE 801 S FEDERAL HWY #205 DELRAY BEACH, FL 33483 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000126180 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing 04/23/04-80023-014 150.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE IRWIN, DONALD E NAME STREET ADDRESS 801 S. FEDERAL HWY CITY - ST - ZIP DELRAY BEACH, FL 33483 TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 in changed, or on an attachment with an address, with all oilfier like eppowered. DENALDE /RWIN

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED