

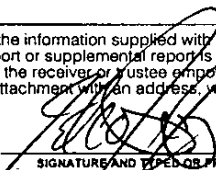


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000084716 1. Entity Name JENNINGS DEVELOPMENT GROUP, INC.			FILED 08 MAR 19 AM 7:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 4707 N.W. 53RD. AVE., STE. A GAINESVILLE, FL 32606		Mailing Address 4707 N.W. 53RD. AVE., STE. A GAINESVILLE, FL 32606					
DO NOT WRITE IN THIS SPACE		 03182008 No Chg-P CR2E034 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 59-3534792</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 59-3534792	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-3534792	Applied For Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent CHAMBERLAIN, STEVEN M 1 S.E. 1ST AVE. GAINESVILLE, FL 32606		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 000121429150 03/27/08--01007--025 **950.00					
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE					
TITLE	PVST						
NAME	JENNINGS, EDWARD L						
STREET ADDRESS	1003 NE 23RD ST						
CITY - ST - ZIP	GAINESVILLE, FL 32641						
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY - ST - ZIP							
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CITY - ST - ZIP							
TITLE							
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.		jc 3/28					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/18/08 352-377-0022 <small>Date Daytime Phone #</small>					