

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

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DOCUMENT # P98000091018

1. Entity Name

JEDE CORPORATION, INC.

Principal Place of Business

2919 WEST BAY DRIVE

BELLEAIR BLUFFS FL 33770

Mailing Address

603 INDIAN ROCKS ROAD

BELLEAIR FL 33756

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2919 West Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belleair Bluffs FL

Zip

Country

Zip

Country

33770

4. FEI Number

59-3538950

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/06)

87.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, DEBORAH

2919 WEST BAY DRIVE

BELLEAIR BLUFFS FL 33772

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Deborah Wells

Deborah Wells

03-30-07

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTSD

WELLS, DEBORAH

2919 WEST BAY DRIVE

BELLEAIR BLUFFS FL 33770

Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Deborah Wells

Deborah Wells

03-30-07

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #