2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2007 08:00 AM DOCUMENT # P99000092180 **Secretary of State** JAMIE DELIVERY, INC. Principal Place of Business Mailing Address 2500 NW 29 MANOR 427 NW 113 TERR. POMPANO BEACH, FL 33069 CORAL SPRINGS, FL 33071 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0953852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KONG, LAURIE DO NOT WRITE 427 NW 113 TERR. CORAL SPRINGS, FL 33071 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 life if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$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 10. OFFICERS AND DIRECTORS TITLE KONG, LAURIE NAME STREET ADDRESS 427 NW 113 TERR. CITY-ST-ZIP CORAL SPRINGS, FL 33071 000000634690 02/22/07-80021-020 150.00 TITLE KONG, JAMES NAME STREET ADORESS 427 NW 113 TERR. CITY-ST-ZIP CORAL SPRINGS, FL 33071 NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 807, 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: SIGNATURE AND TYPED OR PRINTED YAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS

<u> 2-12-2∞7 95</u>

954 344 3891

Daytime Phone #

FILED