2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P99000110635

Entity Name: LION OF JUDAH ENTERPRISES INC.

Current Principal Place of Business:

10318 LEM TURNER RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

10318 LEM TURNER ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

10318 LEM TURNER RD
JACKSONVILLE, FL 32218

New Mailing Address:

10318 LEM TURNER ROAD
JACKSONVILLE, FL 32218

FEI Number: 59-3640277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODWYNE, MARY A
10318 LEM TURNER ROAD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GOODWYNE, MARY A
Address: 5835 GILCHRIST ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: V ( ) Delete
Name: GOODWYNE, BILLY D
Address: 5835 GILCHRIST ROAD
City-St-Zip: JACKSONVILLE, FL 32219

Title: S ( ) Delete
Name: FALANA, SHERYL L
Address: 8654 NEW KINGS ROAD - LOT 11
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: FALANA, SHERYL L
Address: 8654 NEW KINGS ROAD - LOT 12
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN GOODWYNE P 03/19/2009
Electronic Signature of Signing Officer or Director — Date