


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # S68314 1. Entity Name JD COMMUNIKATERS, INC.	
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Principal Place of Business 735 ARLINGTON AVE., SUITE 112 ST. PETERSBURG, FL 33701	Mailing Address 735 ARLINGTON AVE., SUITE 112 ST. PETERSBURG, FL 33701
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3077656	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KATER, GUILFORD C 5279 ISLA KEY BLVD. S. SUITE 110 ST. PETERSBURG, FL 33715	DO NOT WRITE IN THIS SPACE
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATER, GUILFORD C 5279 ISLA KEY BLVD. S. #110 SAINT PETERSBURG, FL 337151656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KATER, JOYCE A 5279 ISLA KEY BLVD. S. #110 SAINT PETERSBURG, FL 337151656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SWANSON, EDWIN 936 CEDAR LANE NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BYRNE, KENNETH 2350 DEVIL'S BACKBONE ROAD CINCINNATI, OH 45233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, BARBARA 936 CEDAR LANE NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATER, CHRISTOPHER 5636 EASTBOURNE DR SPRINGFIELD, VA 22151

U000000589142
01/18/07-80004-011 150.00

**DO NOT WRITE
IN THIS SPACE**

U000000589142
01/18/07-80004-012 8.75

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.

SIGNATURE: Guilford C. Kater Guilford C. KATER 1-8-2007 727-823-9595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #