2008 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Apr 23, 2008 08:00 AN Secretary of State **DOCUMENT # V03992** 1. Entity Name J.D. DESIGNS, INC. Principal Place of Business Mailing Address 2642 ROSSELLE ST 2642 ROSSELLE ST SUITE 3 SUITE 3 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 US 02142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3104307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOLLARD, JAMES D DO NOT WRITE **4294 BUCK POINT RD** JACKSONVILLE, FL 32210 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. or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000915285 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 05/09/08-80010-004 150.00 10. OFFICERS AND DIRECTORS PTSD TITLE DOLLARD, JAMES D NAME STREET ADDRESS 2642 ROSSELLE ST STE 4 JACKSONVILLE, FL 32204 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 addgess, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dollard Pers. 2/18/08 904-388-7528

Davtime Phone #