

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002939

FILED
Apr 16, 2007
Secretary of State

Entity Name: JACADA, INC.

Current Principal Place of Business:

400 PERIMETER CENTER TERRACE, SUITE 100
ATLANTA, GA 30346

New Principal Place of Business:

Current Mailing Address:

400 PERIMETER CENTER TERRACE, SUITE 100
ATLANTA, GA 30346

New Mailing Address:

FEI Number: 33-0563518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: CEO () Delete
Name: HOLLANDER, GIDEON
Address: 400 PERIMETER CENTER TERRACE, SUITE 100
City-St-Zip: ATLANTA, GA 30346

Title: D () Delete
Name: BROIDA, TZVIA
Address: 400 PERIMETER CNTR TERR, STE 100
City-St-Zip: ATLANTA, GA 30346

Title: T () Delete
Name: WARFORD, JANICE
Address: 400 PERIMETER CENTER TERRACE, SUITE 100
City-St-Zip: ATLANTA, GA 30346

Title: S () Delete
Name: SHEFLER, OREN
Address: 400 PERIMETER CNTR TERR, STE 100
City-St-Zip: ATLANTA, GA 30345

Title: D () Delete
Name: BROIDA, TZVIA
Address: 400 PERIMER CNTR TERR, STE 100
City-St-Zip: ATLANTA, GA 30346

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: OREN SHEFLER

MR.

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date