2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004145

Entity Name: ONEJAX, INC.

in the State of Florida.

FILED Mar 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1022 PARK ST. SUIT 302 1022 PARK STREET

SUITE 302 SUITE 302

JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204

New Mailing Address: **Current Mailing Address:**

1022 PARK ST. SUIT 302 1022 PARK STREET

SUITE 302 SUITE 302

JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204

FEI Number: 20-2719059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAYO, MARC M O'CONNOR, BOBBIE 1301 RIVERPLACE BLVD. SUITE 1500 1022 PARK STREET

JACKSONVILLE, FL 32207 SUITE 302 JACKSONVILLE, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: BOBBIE O'CONNOR 03/26/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

DUMBLETON, DUANE MAYO, MARC M CHAIR Name: Name:

4401 EMERSON STREET SUITE 9 Address: 1301 RIVERPLACE BLVD, SUITE 1500 Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: (X) Change () Addition

BROTMAN, SOL Name: MOBLEY, PHILIP CHR ELE Name: Address: 4401 EMERSON STREET SUITE 9 Address: 4800 DEERWOOD CAMPUS PARKWAY 300-4

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32246

Title: Title: (X) Change () Addition () Delete PHELAN, MARY ALICE TREASUR MAYO, MARC Name: Name:

4401 EMERSON STREET SUITE 9 1800 BARRS STREET Address: Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32204

Title: () Delete Title: JUDG (X) Change () Addition ROSESSER, MARK Name: Name: HOWARD, MARCIA H SECRET 4401 EMERSON STREET SUITE 9 Address: Address: 300 N HOGAN STREET City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32202

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBIE O'CONNOR ED 03/26/2007