2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004145

Entity Name: ONEJAX, INC.

FILED May 06, 2008 Secretary of State

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

1022 PARK STREET SUITE 302 JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

1022 PARK STREET SUITE 302 JACKSONVILLE, FL 32204

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

O'CONNOR, BOBBIE O'CONNOR, BOBBIE MS.
1022 PARK STREET 1022 PARK STREET SUITE 302 SUITE 302

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US

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: MS. BOBBIE O'CONNOR 05/06/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: MR. () Delete Title: MR. (X) Change () Addition

Name: MAYO, MARC M CHAIR Name: MOBLEY, PHILIP CHAIR

Address: 1301 RIVERPLACE BLVD, SUITE 1500 Address: 4800 DEERWOOD CAMPUS PARKWAY, DCC 600-4

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

Title: MR. () Delete Title: MS. (X) Change () Addition Name: MOBLEY, PHILIP CHR ELE Name: EZELL, BRENDA B CHR ELE Address: 4800 DEERWOOD CAMPUS PARKWAY 300-4 Address: 6 E. BAY STREET, SUITE 500

City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change () Addition PHELAN, MARY ALICE TREASUR Name: JOHNSON, HENRY TREASUR Name: 1800 BARRS STREET 8933 ELIZABETH FALLS DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32204 City-St-Zip: JACKSONVILLE, FL 32257

Title: JUDG () Delete Title: MS. (X) Change () Addition Name: HOWARD, MARCIA H SECRET Name: HAMILTON, SUSAN SECRET 300 N HOGAN STREET 500 WATER STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202

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 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 MS. 05/06/2008