2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005838

Entity Name: JAM'N POOL, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
4745 SABLE PINE CIRCLE C-2 WEST PALM BEACH, FL 33417	15617 80TH DRIVE N PALM BEACH GARDENS, FL 33418

Current Mailing Address:	**New Mailing Address:**
4745 SABLE PINE CIRCLE C-2 WEST PALM BEACH, FL 33417	PO BOX 1381 JUPITER, FL 33468

FEI Number: 06-1786517   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MCANDREWS, MIMI 1700 PALM BEACH LAKES BLVD. 7TH FLOOR WEST PALM BEACH, FL 33401 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: _____

          Electronic Signature of Registered Agent   Date

OFFICERS AND DIRECTORS:

		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D ( ) Delete		Title:	( ) Change ( ) Addition
Name:	MCANDREWS, MIMI		Name:	
Address:	1700 PALM BEACH LAKES BLVD. 7TH FLOOR		Address:	
City-St-Zip:	WEST PALM BEACH, FL 33401		City-St-Zip:	
Title:	D ( ) Delete		Title:	D (X) Change ( ) Addition
Name:	SOTELO, XAVIER		Name:	SOTELO, XAVIER
Address:	4745 SABLE PINE CIRCLE C-2		Address:	15617 80TH DRIVE N
City-St-Zip:	WEST PALM BEACH, FL 33417		City-St-Zip:	WEST PALM BEACH, FL 33418
Title:	D ( ) Delete		Title:	( ) Change ( ) Addition
Name:	MCANDREWS, RONNIE		Name:	
Address:	6202 S. 25TH STREET		Address:	
City-St-Zip:	ST. JOSEPH, MO 64504		City-St-Zip:	

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: MIMI MCANDREWS   D   03/20/2009

          Electronic Signature of Signing Officer or Director   Date