

DOCUMENT# N06000011728

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE JACOBSON GROUP-WALK FOR AWARENESS, INC.

Current Principal Place of Business:

10452 OAKVIEW PT. TER.
GOTHA, FL 34734

New Principal Place of Business:**Current Mailing Address:**

10452 OAKVIEW PT. TER.
GOTHA, FL 34734

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, ROGER S
10452 OAKVIEW PT. TERR.
GOTHA, FL 34734 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 _____

OFFICERS AND DIRECTORS:

Title: DIR. () Delete
Name: JACOBSON, ROGER
Address: 10452 OAKVIEW PT. TERR.
City-St-Zip: GOTH, FL 34734

Title: DIR. () Delete
Name: JACOBSON, LISA
Address: 10452 OAKVIEW PT. TERR.
City-St-Zip: GOTH, FL 34734

Title: DIR. () Delete
Name: JACOBSON, BENNETT
Address: 10602 ILEX ST.
City-St-Zip: TAMPA, FL 33618

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:

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: ROGER JACOBSON

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date _____