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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000053030

1. Entity Name
 RENAISSANCE DOWNTOWN DEVELOPMENT GROUP,
 INC.



1 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 18 AM 9:40

Principal Place of Business
 2008 RIVERSIDE AVENUE
 SUITE 200
 JACKSONVILLE, FL 32204

Mailing Address

2008 RIVERSIDE AVENUE
 SUITE 200
 JACKSONVILLE, FL 32204

2. Principal Place of Business

1732 Margaret St.
 Suite, Apt. #, etc.

3. Mailing Address

1732 Margaret St.
 No Gateway Shopping Center
 Suite, Apt. #, etc.

5258-1a Norwood Ave.

City & State
 Jacksonville, FL

City & State
 Jacksonville, FL

Zip 32204 Country USA

Zip 32208 Country USA

6. Name and Address of Current Registered Agent

RAXCO
 C/O MCBUIRE WOODS BATTLE & BOOTHE LLP
 50 NORTH LAURA STREET SUITE 3300
 JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME JONES, CARLTON
 STREET ADDRESS 2008 RIVERSIDE AVE STE 200
 CITY-ST-ZIP JACKSONVILLE, FL 32204

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

1732 Margaret St.

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

1000078976391
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
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 CITY-ST-ZIP

Delete

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 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/10/06 904 764
 7745 ext 14