

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000047317</b>			
1. Entity Name <b>JUMPSTART PRODUCTIONS, INC.</b>			
Principal Place of Business <b>10 FOXFIRE LANE OLDSMAR, FL 34677</b>	Mailing Address <b>10 FOXFIRE LANE OLDSMAR, FL 34677</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01232008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>76-0731281</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
5. Name and Address of Current Registered Agent			<b>DO NOT WRITE IN THIS SPACE</b>
<b>SCUTTE, ALFRED M III 10 FOXFIRE LANE OLDSMAR, FL 34677</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U00000551468 05/13/06-80100-017 150.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	P		
NAME	<b>SCUTTE, ALFRED M III</b>		
STREET ADDRESS	<b>10 FOXFIRE LANE</b>		
CITY- ST- ZIP	<b>OLDSMAR, FL 34677</b>		
TITLE			
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CITY- ST- ZIP			
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: 		<b>4/27/06</b>	<b>727-224-3112</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>