
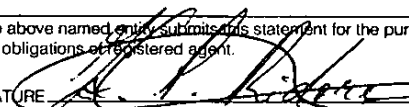
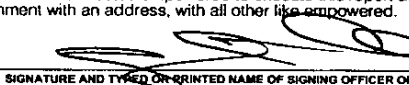


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90152 031 ***150.00

DOCUMENT # P03000101636 1. Entity Name JTA CONSULTING, INC.					
Principal Place of Business 101 JACARANDA CT ROYAL PALM BEACH, FL 33411			Mailing Address 101 JACARANDA CT ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business 11900 SE Federal Highway Suite 212 Hobe Sound, FL Zip 33455 Country USA		3. Mailing Address 11900 SE Federal Hwy Suite 212 Hobe Sound, FL Zip 33455 Country USA			
4. FEI Number 65-1204359		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRANE, ROBERT L ESQ. % BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE 515 N. FLAGLER DRIVE 18TH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Hayden P. Ridore Street Address (P.O. Box Number is Not Acceptable) 11900 SE Federal Hwy Suite 212 City Hobe Sound FL Zip Code 33455		
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 the registered agent. SIGNATURE  DATE 4/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE O NAME ACKNER, JASON STREET ADDRESS 101 JACARANDA CT CITY - ST - ZIP ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE O NAME Ackner, Jason STREET ADDRESS 15647-85th Way North CITY - ST - ZIP Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  JASON T. ACKNER 4-14-06 772-546-3955 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					