

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90023 003 ***150.00

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P04000113368 1. Entity Name ROULETTE JUMPERS, INC. | | | |
| Principal Place of Business 440 NW 113TH CIR OCALA FL 34482 | | Mailing Address 150 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 | |
| 2. Principal Place of Business - No P.O. Box # 12770 NW 35th St | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Ocala, FL | | City & State Suite, Apt. #, etc. | |
| Zip 34482 | | Country USA | |
| 4. FEI Number 26-0102362 | | 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 ERNST, WAVERLY 440 NW 113TH CIR OCALA FL 34482 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12770 NW 35th St City Ocala FL Zip Code 34482 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 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 NAME STREET ADDRESS CITY-ST-ZIP D ERNST, WAVERLY 440 NW 113TH CIR OCALA FL 34482 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP 12770 NW 35th St Ocala, FL 34482 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D ERNST, DONNA 440 NW 113TH CIR OCALA FL 34482 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Same | <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 |
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| 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 Section 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

4/28/08 772-263-1119
Date Daytime Phone #