2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116123

Entity Name: JMAX INDUSTRIES, INC.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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14502 NORTH DALE MABRY HWY

SUITE 200

TAMPA, FL 33618 US

New Mailing Address: Current Mailing Address:

14502 NORTH DALE MABRY HWY SUITE 200

TAMPA, FL 33618 US

FEI Number: 20-1546067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHESTER, JASON M KORNNAK, PORNTHIP

14502 NORTH DALE MABRY HWY 14502 NORTH DALE MABRY HWY

SUITE 200 SUITE 200

TAMPA, FL 33618 US TAMPA, FL 33618 US

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: PORNTHIP KORNNAK 01/11/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CHESTER, JASON M KORNNAK, PORNTHIP Name: Name:

14502 NORTH DALE MABRY HWY, SUITE 200 14502 NORTH DALE MABRY HWY, SUITE 200 Address: Address:

TAMPA, FL 33618 US City-St-Zip: TAMPA, FL 33618 US City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: CHESTER, JASON M Name: KORNNAK, PORNTHIP

14502 NORTH DALE MABRY HWY, SUITE 200 14502 NORTH DALE MABRY HWY, SUITE 200 Address: Address:

TAMPA, FL 33618 US TAMPA, FL 33618 US City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: CHESTER, JASON M KORNNAK, PORNTHIP Name: Name:

14502 NORTH DALE MABRY HWY, SUITE 200 14502 NORTH DALE MABRY HWY, SUITE 200 Address: Address:

City-St-Zip: TAMPA, FL 33618 US City-St-Zip: TAMPA, FL 33618 US

Title: () Delete Title: () Change () Addition

CHESTER, JASON M Name: Name: Address: 14502 NORTH DALE MABRY HWY, SUITE 200 Address: City-St-Zip: **TAMPA, FL 33618 US** City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON M CHESTER D 01/11/2006