

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000116123

Entity Name: JMAX INDUSTRIES, INC.

**FILED**  
**Oct 24, 2006**  
**Secretary of State****Current Principal Place of Business:**13014 NORTH DALE MABRY HWY  
SUITE 812  
TAMPA, FL 33618 US**New Principal Place of Business:****Current Mailing Address:**13014 NORTH DALE MABRY HWY  
SUITE 812  
TAMPA, FL 33618 US**New Mailing Address:**

FEI Number: 20-1546067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**CHESTER, JASON M  
13014 NORTH DALE MABRY HWY  
SUITE 812  
TAMPA, FL 33618 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: CHESTER, JASON M  
Address: 13014 NORTH DALE MABRY HWY, SUITE 812  
City-St-Zip: TAMPA, FL 33618 USTitle: S ( ) Delete  
Name: CHESTER, JASON M  
Address: 13014 NORTH DALE MABRY HWY, SUITE 812  
City-St-Zip: TAMPA, FL 33618 USTitle: T ( ) Delete  
Name: CHESTER, JASON M  
Address: 13014 NORTH DALE MABRY HWY, SUITE 812  
City-St-Zip: TAMPA, FL 33618 USTitle: D (X) Delete  
Name: CHESTER, JASON M  
Address: 13014 NORTH DALE MABRY HWY, SUITE 812  
City-St-Zip: TAMPA, FL 33618 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: S (X) Change ( ) Addition  
Name: SPERRING, FRANCES V  
Address: 13014 NORTH DALE MABRY HWY, SUITE 812  
City-St-Zip: TAMPA, FL 33618 USTitle: T (X) Change ( ) Addition  
Name: CHESTER, BETTY A  
Address: 13014 NORTH DALE MABRY HWY, SUITE 812  
City-St-Zip: TAMPA, FL 33618 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
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

P

10/24/2006

Electronic Signature of Signing Officer or Director

Date