2006 FOR PROFIT CORPORATION
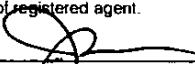## ANNUAL REPORT

DOCUMENT # P05000085348

1. Entity Name
JUMBO CONSULTING CORP, INC.

Principal Place of Business	Mailing Address
1060 LAKE DR DELRAY BCH, FL 33444	1060 LAKE DR DELRAY BCH, FL 33444
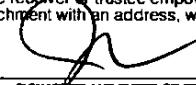
2. Principal Place of Business 8875 HEARTSONG TER.	3. Mailing Address
Suite, Apt. #, etc. Boynton Bch.	Suite, Apt. #, etc.
City & State Florida	City & State
Zip 33437	Country USA	Zip	Country

01202006   Chg-P   CR2E034 (11/05)

4. FEI Number
34-2041452
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BELARDO, JOHN 1060 LAKE DR DELRAY BCH, FL 33444	Name Street Address (P.O. Box Number is Not Acceptable) 8875 HEARTSONG TER City Boynton Bch FL Zip Code 33437

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE 5/11/06

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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 BELARDO, JOHN 1060 LAKE DR DELRAY BCH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John BELARDO 8875 HEARTSONG TER. Boynton Bch FL. 33437	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____   5/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #