2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133754

Entity Name: JUMPING JAX RTT, INC.

FILED Mar 30, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	OKWOOD RO VILLE, FL 32					
Current Mailing Address:			New Mail	New Mailing Address:		
P.O. BOX: JACKSON	551260 VILLE, FL 32	255				
FEI Number:	: 20-3563627	FEI Number Applied For ()	FEI Number Not App	Olicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
5150 BELF BUILDING JACKSON The above	VILLE, FL 32	256 US	urpose of changing	its registered office or registered agent, or both,		
SIGNATU		uis Cianastons of Demistrated Asso		Data		
Election Car		nic Signature of Registered Age og Trust Fund Contribution ().	ent	D a te		
OFFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (SUTTON, DAV 1135 BROOK\ JACKSONVILL	VOOD ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (SUTTON, JULI 1135 BROOK\ JACKSONVILL	VOOD ROAD	Title: Name: Address: City-St-Zip:	DVT (X) Change () Addition SUTTON, JULIE 1135 BROOKWOOD ROAD JACKSONVILLE, FL 32207		
Title: Name: Address: City-St-Zip:	D (RODLI, BRIAN 3527 OAK STF JACKSONVILL	REET	Title: Name: Address: City-St-Zip:	DPS (X) Change () Addition RODLI, BRIAN 3527 OAK STREET JACKSONVILLE, FL 32205		
Title: Name: Address: City-St-Zip:	D (COLISTER, RI 3527 OAK STF JACKSONVILL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MROTEK, KATHLEEN 3527 OAK STREET JACKSONVILLE, FL 32205		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MROTEK, PATRICK 3527 OAK STREET JACKSONVILLE, FL 32205		

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: JULIE SUTTON DVT 03/30/2006