2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133754

Entity Name: JUMPING JAX RTT, INC.

FILED Mar 16, 2007 Secretary of State

Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
	OKWOOD RO					
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
P.O. BOX JACKSON	551260 IVILLE, FL 32	255				
FEI Number	: 20-3563627	FEI Number Applied For ()	FEI Number Not App	Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
5150 BELF BUILDING JACKSON	IVILLE, FL 32	256 US				
	e named entity e of Florida.	submits this statement for th	e purpose of changing i	its registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electro	nic Signature of Registered A	\gent	Date		
Election Car	mpaign Financir	ng Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (SUTTON, DAV 1135 BROOK\ JACKSONVILL	WOOD ROAD	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition SUTTON, DAVID R JR 1135 BROOKWOOD ROAD JACKSONVILLE, FL 32207		
Title: Name: Address: City-St-Zip:	DVT (SUTTON, JULI 1135 BROOK\ JACKSONVILL	WOOD ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DPS () RODLI, BRIAN 3527 OAK STF JACKSONVILL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () COLISTER, RI 3527 OAK STE JACKSONVILL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () MROTEK, KAT 3527 OAK STE JACKSONVILL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () MROTEK, PAT 3527 OAK STF JACKSONVILL	REET	Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

	Flacture is Circumstance of Circums Officer on Director		Data
SIGNATURE:	DAVID SUTTON	D	03/16/2007