2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P05000157818

Entity Name: JOMARSER, INC.

Current Principal Place of Business:

3974 AVALON BLVD.
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

3974 AVALON BLVD.
MILTON, FL 32583

New Mailing Address:

FEI Number: 20-3927528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RECANATI, SERGIO
6657 HUNT STREET
MILTON, FL 32570 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP/D ( ) Delete
Name: RECANATI, SERGIO
Address: 6657 HUNT STREET
City-St-Zip: MILTON, FL 32570

Title: P/D (X) Delete
Name: ROHLING, MARK
Address: 4005 DEERWOOD CIRCLE
City-St-Zip: PACE, FL 32571

Title: S/D (X) Delete
Name: GRZESIAK, DEBORAH
Address: 5706 SWEET BIRCH LANE
City-St-Zip: MILTON, FL 32583

Title: T/D (X) Delete
Name: GEORGE, JOANNE
Address: 5428A MILL STONE CIRCLE
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: RECANATI, ANTHONY
Address: 6657 HUNT ST
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: ELLIS, CATHERINE
Address: 9856 INDIAN FORD RD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY RECANATI D 04/30/2008

Electronic Signature of Signing Officer or Director Date