2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 01, 2007 8:00 am Secretary of State

DOCUMENT # P06000010495 1. Entity Name JIMKATA CONSULTANTS INC							02-01-2007	90027 0.	31 ***150).00
Principal Plac 38832 ILEX EUSTIS, FL	TRL	s	Mailing Address 38832 ILEX TRL EUSTIS, FL 32736							
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01152007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numbe	418043	3	ļ	plied For t Applicable
Zip			Zip Coun		try		of Status Desired	Ľ	\$8.75 Add Fee Required	
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name							
SCHWARZ, JAMES 38832 ILEX TRL					Street Address (P.O. Box Number is Not Acceptable)					
EUSTIS, FL 32736										
				City				FL	Zip Code	
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										
		FEE IS \$150.00 7 Fee will be \$550.	9. Election Campai Trust Fund Cont		· - •	.00 May Be ed to Fees				
10.	7 ;	OFFICER\$ AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWAR 38832 IÇE EUSTIS, I		☐ Delete	4					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				16		Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	l				Change	☐ Addition
12. I hereby	certify that th	e information supplied with	this filing does not qualify to	or the exe ny signa	emptions contained ture shall have the	I in Chapter 119 same legal effec	, Florida Statutes, I t as if made under o	further cert	fy that the in	formation or director

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 attackment with an address, with all pline like empowered.

SIGNATURE:

PLESIDENT