
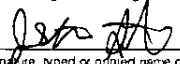
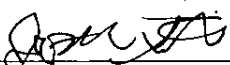


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 009 ***150.00

DOCUMENT # P06000037422 1. Entity Name BOOSTED J, INC.					
Principal Place of Business 12644 VICTORIA PLACE CIRCLE 7-314 ORLANDO FL 32828			Mailing Address 12644 VICTORIA PLACE CIRCLE 7-314 ORLANDO FL 32828		
2. Principal Place of Business - No P.O. Box # 14240 Turning Leaf Dr. Suite, Apt. #, etc.		3. Mailing Address 14240 Turning Leaf Dr. Suite, Apt. #, etc.			
City & State Orlando FL Zip 32828		City & State Orlando FL Zip 32828		4. FEI Number 20-4498443	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JUSTIN C 12644 VICTORIA PLACE CIRCLE 7-314 ORLANDO FL 32828				7. Name and Address of New Registered Agent Name Justin C. Smith Street Address (P.O. Box Number is Not Acceptable) 14240 Turning Leaf Dr. City Orlando FL Zip Code 32828	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SMITH, JUSTIN C <input type="checkbox"/> Delete 12644 VICTORIA PLACE CIRCLE, APT 7-314 ORLANDO FL 32828		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Smith, Justin C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14240 Turning Leaf Dr. Orlando FL, 32828	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAW, ANITA <input type="checkbox"/> Delete 12644 VICTORIA PLACE CIRCLE, APT 7-314 ORLANDO FL 32828		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAW, ANITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14240 Turning Leaf Dr. Orlando, FL 32828	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, CHARLES J <input type="checkbox"/> Delete 12644 VICTORIA PLACE CIRCLE, APT 7-314 ORLANDO FL 32828		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Smith, Charles J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14240 Turning Leaf Dr. Orlando FL 32828	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					