

FILED
May 21, 2007 8:00 am
Secretary of State

4/1

04-19-2007 90198 004 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000100996			
1. Entity Name JTH FINANCIAL, CORP.			
Principal Place of Business 5265 CEDAR LAKE ROAD APT 614 BOYNTON BEACH, FL 33437 US		Mailing Address 5265 CEDAR LAKE ROAD APT 614 BOYNTON BEACH, FL 33437 US	
2. Principal Place of Business - No P.O. Box # 265 Indian Creek Pkwy		3. Mailing Address 265 Indian Creek Pkwy	
Suite, Apt. #, etc. Unit 105		Suite, Apt. #, etc. Unit 105	
City & State Jupiter, FL		City & State Jupiter, FL	
Zip 33458	Country US	Zip 33458	Country US
4. FEI Number 20-5318810		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEANEY, JASON T 5265 CEDAR LAKE ROAD APT 614 BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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:  (NOTE: Registered Agent signature required when reappointing) Signature typed or printed name of registered agent and title if applicable: Jason T. Heaney DATE: 4/4/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	D.P HEANEY, JASON T 5265 CEDAR LAKE ROAD, APT 614 BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like or empowered. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jason T. Heaney Date: 4/4/07 Daytime Phone #			