2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000084921

1. Entity Name
JAM STRATEGIC CONSULTANTS, INC.

FILED
08 JUL 17 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3003 TAMIAMI TRAIL NORTH SUITE 201 NAPLES, FL 34103	3003 TAMIAMI TRAIL NORTH SUITE 201 NAPLES, FL 34103

07072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	18301 VERONA LAGO DR Suite, Apt. #, etc.
City & State	City & State: FORT MYERS, FL
Zip / Country	Zip: 33913 / Country: USA

4. FEI Number: 26-0599059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERCER, JAMES A 3003 TAMIAMI TRAIL NORTH SUITE 201 NAPLES, FL 34103	Name: MERCER, JAMES A Street Address (P.O. Box Number is Not Acceptable): 18301 VERONA LAGO DR City: FORT MYERS FL Zip Code: 33913

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: X _____ DATE: x 7/8/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MERCER, JAMES A 3003 TAMIAMI TRAIL NORTH, SUITE 201 NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP MRECER, JAMES A 18301 VERONA LAGO DR FORT MYERS FL 33913	☒ Change ☐ 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 all other like empowered.

SIGNATURE: X _____ Date: x 7/04/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

JC 7/22