2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105795

Entity Name: CLAIM JUMPER, INC

Title:

Name: Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 905 SOUTHEAST 29TH STREET CAPE CORAL, FL 33904 **Current Mailing Address: New Mailing Address:** 905 SOUTHEAST 29TH STREET CAPE CORAL, FL 33904 FEI Number: 41-2253002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEEKS, KEEGAN G 905 SOÚTHEAST 29TH STREET CAPE CORAL, FL 33904 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WEEKS, KEEGAN G Name: Name: 905 SOUTHEAST 29TH STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: CARTER, ROBERT Name: CARTER, ROBERT 14352 DEVINGTON COURT 13488 LITTLE GEM Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33913 Title: () Delete (X) Change () Addition Title: CARTER, MELISSA CARTER, MELISSA Name: Name: 14352 DEVINGTON COURT 13488 LITTLE GEM Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33913

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ERICA WILLIAMS Τ 04/16/2009

() Delete

905 SOUTHEAST 29TH STREET

CAPE CORAL, FL 33904

WILLIAMS, ERICA

() Change () Addition