2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059443

Entity Name: JAX APEX TECHNOLOGY INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
4745 SUT1 #402	TON PARK C	OURT			
	VILLE, FL 32	224 US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
#402	TON PARK C				
JACKSON	VILLE, FL 32	224 US			
FEI Number:	59-3390682	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:	
	S, ROBERT B TH THIRD ST				
		H, FL 32250 US			
	named entity e of Florida.	submits this statement for the	ne purpose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Can	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KOZLOWSKI, 4745 SUTTON) Delete MICHAEL G PARK COURT, STE. 402 LE, FL 32224 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIXON, BARR 10411 ALTA D) Delete Y E PRIVE, STE. 500 LE, FL 322262301 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIXON, OLIVE 10411 ALTA D) Delete R L PRIVE, STE. 500 LE, FL 322262301 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARRISON, Ĵ. 10411 ALTA D) Delete REBECCA PRIVE, STE. 500 LE, FL 322262301 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIXON, EDIE 10411 ALTA D) Delete D IRIVE, STE. 500 .E, FL 322262301 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: EDIE DIXON S 04/16/2009