



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000039743 1. Entity Name J.T. PARTNERS, INC.	
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Principal Place of Business 2 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713	Mailing Address 2 SOUTH U.S. HIGHWAY 17-92 DEBARY, FL 32713
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DO NOT WRITE IN THIS SPACE

	
04032007 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3506811	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

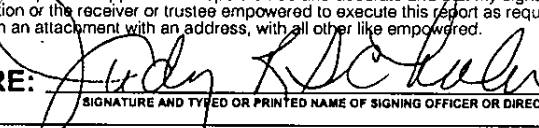
6. Name and Address of Current Registered Agent SCHULER, JOHN 520 HAYMAN COURT DEBARY, FL 32713
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD SCHULER, JOHN 520 HAYMAN CT DEBARY, FL 32713	DO NOT WRITE IN THIS SPACE U000000691737 04/13/07-80022-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD SCHULER, JUDY 520 HAYMAN CT DEBARY, FL 32713	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-3-07 386682073 <small>Date Daytime Phone #</small>