2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000058096

Entity Name: PARTY JUMPERS, INC.

FILED Jan 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 470 OAKFORD RD
 4615 DEL SOL BLVD

 SARASOTA, FL 34240
 SARASOTA, FL 34243

Current Mailing Address: New Mailing Address:

470 OAK FORD ROAD 4615 DEL SOL BLVD SARASOTA, FL 34240 SARASOTA, FL 34243

FEI Number: 65-0849816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAMER, GREGORY J LOCKE, CHERYL D
470 OAKFORD RD 4615 DEL SOL BLVD
SARASOTA, FL 34240 US SARASOTA, FL 34243 US

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: RONALD D. LOCKE 01/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDCM () Delete Title: PDCM (X) Change () Addition
Name: CRAMER, GREGORY Name: LOCKE, RONALD D
Address: 470 OAK FORD ROAD Address: 4615 DEL SOL BLVD

 Address:
 470 OAK FORD ROAD
 Address:
 4615 DEL SOL BLVD

 City-St-Zip:
 SARASOTA, FL 34243
 City-St-Zip:
 SARASOTA, FL 34243

Title: VPST () Delete Title: VPST (X) Change () Addition Name: CRAMER, COLLEEN Name: LOCKE, CHERYL D

 Name:
 CRAMER, COLLEEN
 Name:
 LOCKE, CHERYL D

 Address:
 470 OAK FORD ROAD
 Address:
 4615 DEL SOL BLVD

 City-St-Zip:
 SARASOTA, FL 34240
 City-St-Zip:
 SARASOTA, FL 34243

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: RONALD D LOCKE PDCM 01/29/2008