
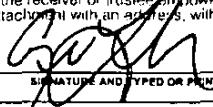


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90369 030 \*\*\*150.00

<b>DOCUMENT # P06000028655</b>			
1. Entity Name JT FLORIDA ADVENTURES II CORPORATION			
Principal Place of Business 1843 BLUE GRASS ROCHESTER HILLS, MI 48306		Mailing Address 1843 BLUE GRASS ROCHESTER HILLS, MI 48306	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BOULEVARD SUITE 107 TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	PRES LEACH, GERALD 1843 BLUE GRASS ROCHESTER HILLS, MI 48306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FROEBER, TERRY 1870 BLUE GRASS ROCHESTER HILLS, MI 48306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC FROEBER, TERRY 1870 BLUE GRASS ROCHESTER HILLS, MI 48306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA LEACH, GERALD 1843 BLUE GRASS ROCHESTER HILLS, MI 48306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3-7-07 2486527130	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Date/Time Phone #</small>	

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03052007 Chg-P CR2E034 (12/06)

4. FEI Number **20 4387857** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required