

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137044

FILED
May 02, 2006
Secretary of State

Entity Name: JAM MAR INVESTMENT GROUP, INC.

Current Principal Place of Business:

P.O. BOX 60068
ST. PETERSBURG, FL 33784

New Principal Place of Business:

5510 HAINES ROAD
ST. PETERSBURG, FL 33714

Current Mailing Address:

P.O. BOX 60068
ST. PETERSBURG, FL 33784

New Mailing Address:

5510 HAINES ROAD
ST. PETERSBURG, FL 33714

FEI Number: 20-3624854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGHA, DAVID R
8801 9TH ST. N.
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIGGS, MARTIN
Address: PO BOX 60068
City-St-Zip: ST. PETERSBURG, FL 33784

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIGGS, MARTIN
Address: 5510 HAINES ROAD
City-St-Zip: ST. PETERSBURG, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN RIGGS

P

05/02/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date