

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90283 013 \*\*\*150.00

**DOCUMENT # P06000074911**

1. Entity Name  
**JCM INTERNATIONAL GROUP, INC.**



Principal Place of Business  
**230 NORTH PARK AVENUE  
 SANFORD, FL 32771**

Mailing Address  
**230 NORTH PARK AVENUE  
 SANFORD, FL 32771**



2. Principal Place of Business - No P.O. Box #  
**305 MARIANA WAY**

3. Mailing Address

Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State  
**KISSIMMEE FL**

City & State

Zip  
**34758** Country  
**USA**

Zip Country

4. FEI Number  Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>MAMELE, RICHARD L</b> <b>230 NORTH PARK AVENUE</b> <b>SANFORD, FL 32771</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** 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	<b>D</b> <b>MAMELE, CHARLES C</b> <b>305 MARIANA WAY</b> <b>KISSIMMEE, FL 34758</b> <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	<b>D</b> <b>MAMELE, JACQUELINE L</b> <b>305 MARIANA WAY</b> <b>KISSIMMEE, FL 34758</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles C Mamele 4/20/07 407 932 2394  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #