2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006
Secretary of State

DOCUMENT# N03000000720

Entity Name: JM LIFE ENRICHMENT CENTER, INC.

Current Principal Place of Business:

2101 LOWSON BLVD., C-2
DELRAY BEACH, FL 33445

New Principal Place of Business:

16316 COUNTRY LAKE CIRCLE
DELRAY BEACH, FL 33484

Current Mailing Address:

2101 LOWSON BLVD., C-2
DELRAY BEACH, FL 33445

New Mailing Address:

16316 COUNTRY LAKE CIRCLE
DELRAY BEACH, FL 33484

FEI Number: 05-0564554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAYLOR, LARRY G SR
752 ST. ALBANS DRIVE
BOCA RATON, FL 33486 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	PERKINS, SHARLENE	
Address:	16316 COUNTRY LAKE CIR	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	V	( ) Delete
Name:	JONES, DARREN	
Address:	3822 NW 77TH AVE.	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	T	( ) Delete
Name:	HARRIS, DARWIN	
Address:	4926 HARRISON ST	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	S	( ) Delete
Name:	WILLIAMS, LEONA	
Address:	3105 ADA TIGER COURT	
City-St-Zip:	HOLLYWOOD, FL 33024	
Title:	MGRM	( ) Delete
Name:	LOUIS, JEAN	
Address:	P O BOX 16292	
City-St-Zip:	FORT LAUDERDALE, FL 33518	
Title:	MGRM	( ) Delete
Name:	POLLYDORE, DEANNA	
Address:	10737 S PRESERVE WAY, #106	
City-St-Zip:	MIRAMAR, FL 33025	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARLENE PERKINS P 08/17/2006
Electronic Signature of Signing Officer or Director — Date