2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 596013

Entity Name: JME, INC.

FILED Jan 21, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

100 NORTH STARCREST DRIVE 3341 SAN BERNADINO STREET POST OFFICE BOX 5165 CLEARWATER, FL 33759 CLEARWATER, FL 33765

Current Mailing Address: New Mailing Address:

100 NORTH STARCREST DRIVE PO BOX 344
POST OFFICE BOX 5165 PO BOX 344

POST OFFICE BOX 5165 SAFETY HARBOR, FL 34695 CLEARWATER, FL 33758

FEI Number: 59-1880108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARSHALL, E B

100 NORTH STARCREST DRIVE
CLEARWATER, FL 33765 US

MARSHALL, E B

3341 SAN BERNADINO STREET
CLEARWATER, FL 33759 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: 01/21/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: MARSHALL, E.B. Name: MARSHALL, E.B.
Address: 100 NORTH STARCREST DRIVE Address: 3341 SAN BERNADINO STREET

City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33765

() Delete Title: VPD Title: VPD (X) Change () Addition MOINTGOMERY, WENDYE A Name: MOINTGOMERY, WANDYE A Name: 100 NORTH STARCREST DRIVE 3341 SAN BERNADINO STREET Address: Address: CLEARWATER, FL 33765 CLEARWATER, FL 33759 City-St-Zip: City-St-Zip:

Title: DST () Delete Title: DST (X) Change () Addition

Name: SMOUT, L.R. Name: SMOUT, L.R.

Address: 100 NORTH STARCREST DRIVE Address: 3341 SAN BERNADINO STREET
City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: CLEARWATER, FL 33759

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: E. B.MARSHALL PD 01/21/2009