


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000002009**

1. Entity Name  
**J.M. ORIGINALS, INC.**



Principal Place of Business      Mailing Address

**70 BERME ROAD**      **P.O. BOX 628**  
**ELLENVILLE, NY 12428**      **ELLENVILLE, NY 12428**

**DO NOT WRITE IN THIS SPACE**



08022006      No Chg-P      CR2E034 (11/05)

4. FEI Number  
**14-1620965**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLUMBERG EXCELSIOR CORPORATE SERVICES, INC**  
**4435 OLD WINTER GARDEN ROAD**  
**ORLANDO, FL 32811**

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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 08/29/06-80003-020 150.00

Signature, typed or printed name of registered agent and title if applicable      (NOTE Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JARGOWSKY, MYRNA
STREET ADDRESS	P.O. BOX 628
CITY-ST-ZIP	ELLENVILLE, NY 12428
TITLE	D
NAME	ARGINSKY, MARTHA
STREET ADDRESS	P.O. BOX 628
CITY-ST-ZIP	ELLENVILLE, NY 12428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Myrna Jargowsky*      Date 8-1-06      Daytime Phone # 845-647-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR      Date      Daytime Phone #