


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

|   |   |  |   |   |   |
|---|---|--|---|---|---|
| <b>DOCUMENT # F92000000786</b>  |   |  |   |    |   |
| <b>1. Entity Name</b><br>JLM MARKETING, INC.  |   |  |   |   |   |
| <b>Principal Place of Business</b><br>8675 HIDDEN RIVER PKWY.<br>TAMPA, FL 33637 US   |   |  | <b>Mailing Address</b><br>8675 HIDDEN RIVER PKWY.<br>TAMPA, FL 33637 US |   |   |
| <b>2. Principal Place of Business</b>   |   |  | <b>3. Mailing Address</b>   |   |   |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |   |   |
| City & State  |   |  | City & State  |   |   |
| Zip   |   | Country  |   | Zip   |   |
| Country   |   | Country  |   | <b>4. FEI Number</b><br>06-1343718  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>NRAI SERVICES, INC.<br>2731 EXECUTIVE PARK DRIVE<br>SUITE 4<br>WESTON, FL 33331   |   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |
| <b>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.</b>  |   |  |   |   |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |   |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | 1111000413491<br>02/10/06-80091-010 150.00  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVPS<br>MOLINA, MICHAEL J<br>8675 HIDDEN RIVER PKWY.<br>TAMPA, FL 33637 | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPDS<br>SATO, LINDA<br>8675 HIDDEN RIVER PKWY.<br>TAMPA, FL 33637       | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>MACDONALD, SEAN<br>8675 HIDDEN RIVER PKWY<br>TAMPA, FL 33637       | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |   |  |   |   |   |
| <b>SIGNATURE:</b> _____ <i>Michael Molina</i> <span style="float: right;">1/06 813.632.3300</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |  |   |   |   |