
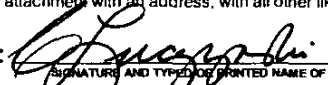


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90213 027 ***150.00

DOCUMENT # K88628 1. Entity Name JWM HOLDINGS INC.					
Principal Place of Business 100 RICHMOND STREET WEST SUITE 330 TORONTO, ONTARIO, m5h-3k6			Mailing Address 100 RICHMOND STREET WEST SUITE 330 TORONTO, ONTARIO, m5h-3k6		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country M5H 3K6		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country M5H 3K6			
4. FEI Number 98-0102201			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LETSCH, EILEEN F 102 NOCOSSA CIR JUPITER, FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP MCCUTCHEON, JAMES W. #330, 100 RICHMOND ST. WEST TORONTO ONTAIRO, CANADA, m5h 3k6 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M5H 3K6 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUCZYNSKI, CHRISTINA #330, 100 RICHMOND ST. W TORONTO, ONTAIRO, CANADA, m5h 3k6 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M5H 3K6 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		CHRISTINA LUCZYNSKI		APRIL 21, 2006 416.777.1409	