

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91239

Entity Name: JMH ADVISORS INC.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

5315 NW 108TH WAY
CORAL SPRINGS, FL 33076 US

Current Mailing Address:

5315 NW 108TH WAY
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

2240 WOOLBRIGHT RD
SUITE 354
BOYNTON BEACH, FL 334266395 US

New Mailing Address:

5315 NW 108TH WAY
CORAL SPRINGS, FL 330762743 US

FEI Number: 65-0121007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAFT, GARY S
5315 NW 108TH WAY
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

HAFT, GARY S
2240 WOOLBRIGHT RD
SUITE 354
BOYNTON BEACH, FL 334266395 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:

02/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAFT, GARY S.,
Address: 5315 NW 108TH WAY
City-St-Zip: CORAL SPRINGS, FL 330762743

Title: STD () Delete
Name: HAFT, MINDY S.,
Address: 5315 NW 108TH WAY
City-St-Zip: CORAL SPRINGS, FL 330762743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAFT, GARY S.,
Address: 5315 NW 108TH WAY
City-St-Zip: CORAL SPRINGS, FL 330762743 US

Title: STD (X) Change () Addition
Name: HAFT, MINDY S.,
Address: 5315 NW 108TH WAY
City-St-Zip: CORAL SPRINGS, FL 330762743 US

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

SIGNATURE: GARY HAFT

PD

02/02/2006

Electronic Signature of Signing Officer or Director

Date