

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000002112</b>		
1. Entity Name JML ENTERPRISES, INC.		
Principal Place of Business 6161 ARLINGTON EXWY JACKSONVILLE, FL 32211		Mailing Address 6161 ARLINGTON EXWY JACKSONVILLE, FL 32211
<b>DO NOT WRITE IN THIS SPACE</b>		
		03232006    No Chg-P    CRZE034 (11/05)
		4. FEI Number 59-3624351    Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  LABRATO, JOSEPH M 6161 ARLINGTON EXWY JACKSONVILLE, FL 32211		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000480876 04/11/06-80008-015 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	LABRATO, JOSEPH M	
STREET ADDRESS	6161 ARLINGTON EXWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	D	
NAME	LABRATO, JANET M	
STREET ADDRESS	6161 ARLINGTON EXWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE: <u>Joe Labrato</u>		Date: <u>3/23/06</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>