2005 FOR PROFIT CORPORATION

May 18, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P00000042321** 05-18-2005 90030 010 ***150.00 1. Entity Name J P MICRO CORPORATION Principal Place of Business Mailing Address 720 NORTH 19TH AVENUE 720 NORTH 19TH AVENUE PENSACOLA, FL 32501 PENSACOLA, FL 32501 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3638422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHARR, JOHN JR DO NOT WRITE 720 N 19TH AVE PENSACOLA, FL 32501 IN THIS SPACE 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 sed agen the obligations of regist SIGNATURE red agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PHARR, JOHN STREET ADDRESS 720 NORTH 19TH AVENUE PENSACOLA, FL 32501 CiTY+ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and recoverate 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 truefee empowered to expicute 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 agreediness, with all others like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

FILED