2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119933

Entity Name: J-MIMA, INC.

FILED Mar 30, 2005 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
8430 NW CORAL SI	40TH ST PRINGS, FL 3	33065			
Current Mailing Address:			New Mailing Address:		
PO BOX 6 CORAL SI	370524 PRINGS, FL 3	33067			
FEI Number	: 01-0651282	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
CLAXTON 4201 NW CORAL SI		3065 US			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agen			ent	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAMPBELL, IS 4201 NW 75 A		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAMPBELL, L 4201 NW 75 A		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAMPBELL, J 4201 NW 75 A		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ISABELLE CAMPBELL PD 03/30/2005