2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 08, 2006 8:00 am Secretary of State DOCUMENT # P02000030082 05-08-2006 90310 011 ***150.00 1. Entity Name JM TRAINING SERVICES CORP. Principal Place of Business Mailing Address 200122212 6425 NW 43 RD TERRACE 6425 NW 43 RD TERRACE BOCA RATON, FL 33496 BOCA RATON, FL 33496 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 38-3645484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARLOWE, DANIEL B DO NOT WRITE 6425 NW 43RD TERRACE BOCA RATON, FL 33496 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARLOWE, DANIEL B NAME STREET ADDRESS 6425 NW 43RD TERRACE CITY-ST-ZIP BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attaching with an address, with all other like empowered.

FILED

Date

Daytime Phone #