2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 03, 2005 08:00 AM Secretary of State DOCUMENT # P020000&0464 1. Entity Name JPMP INC. Mailing Address Principal Place of Business 551 LAKEWOOD DRIVE 551 LAKEWOOD DRIVE OLDSMAR, FL 34677 OLDSMAR FL 34677 07252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3696381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JOSHI, PANKAY K 551 LAKEWOOD DRIVE OLDSMAR, FL 34677 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 leinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE D PANKAJ, JOSHI K MARKE U00000375508 551 LAKEWOOD DR. STREET ADDRESS 08/03/05-80006-004 558.75 OLDSMAR, FL 34677 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED