2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 DEC 28 AM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000102334

1. Entity Name
J. M. INVESTMENT GROUP, INC

Principal Place of Business	Mailing Address
5425 NW 121 AVENUE CORAL SPRINGS, FL 33076 US	5425 NW 121 AVENUE CORAL SPRINGS, FL 33076 US

10302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11760 Wiles Road	11760 Wiles Road
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Coral Springs Florida	City & State: Coral Springs Florida
Zip: 33076 Country: Broward	Zip: 33076 Country: Broward

4. FEI Number: 76-0713878 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINCENT, MICHAEL E
6821 MC CLELLAN ST
HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name: James Baltuskonis
Street Address (P.O. Box Number is Not Acceptable): 5425 NW 121 Ave
City: Coral Springs FL Zip Code: 33076

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: James Baltuskonis (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 12/23/07

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BALTUSKONIS, JAMES E 5425 NW 121 AVENUE CORAL SPRINGS, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition 300113744093 01/04/08--01009--019 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VINCENT, MICHAEL E 6821 MC CLELLAN ST HOLLYWOOD, FL 33024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: James Bal... (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 12/23/07 Daytime Phone #: 954 445-5897

12/31 aw