

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023272

1. Entity Name

JMJ TITLE EXCHANGE SERVICES, INC.



Principal Place of Business

1868 N. UNIVERSITY DRIVE #203A
PLANTATION, FL 33322

Mailing Address

1868 N. UNIVERSITY DRIVE #203A
PLANTATION, FL 33322

FILED

06 FEB 16 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

42-1579772

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, IROSE
1868 N. UNIVERSITY DRIVE #202A
PLANTATION, FL 33322

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MCDERMOTT, ANDREA A
1868 N. UNIVERSITY DRIVE #202A
PLANTATION, FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JOHNSON, IROSE M
1868 N. UNIVERSITY DRIVE #202A
PLANTATION, FL 33322

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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NAME
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CITY - ST - ZIP

2/16

200066217242
02/20/06--01081--011 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #