2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048816

Entity Name: J.D.M.V. AND ASSOCIATES INCORPORATED

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

2552 E YORK ST STE 1 OPA-LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

2552 E YORK ST STE 1 OPA-LOCKA, FL 33054

FEI Number: 06-1693699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAWRENCE, VELONA
2552 E YORK ST STE 2
OPA-LOCKA, FL 33054
US

LAWRENCE, VELONA
P O BOX 54-1095
OPA-LOCKA, FL 33054
US

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.

SIGNATURE: VELONA LAWRENCE 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PC
 () Delete
 Title:
 PCEO
 (X) Change () Addition

 Name:
 DIXON, JANICE
 Name:
 DIXON, JANICE P CEO

 Address:
 2552 E YORK ST STE 1
 Address:
 2552 E YORK ST STE 1

 Address:
 2552 E YORK ST STE 1
 Address:
 2552 E YORK ST STE 1

 City-St-Zip:
 OPA-LOCKA, FL 33054
 City-St-Zip:
 OPA-LOCKA, FL 33054

 Title:
 VT () Delete
 Title:
 VPT (X) Change () Addition

 Name:
 LAWRENCE, VELONA
 Name:
 LAWRENCE, VELONA VP T

 Address:
 2552 E YORK ST STE 2
 Address:
 P O BOX 54-1095

 City-St-Zip:
 OPA-LOCKA, FL 33054
 City-St-Zip:
 OPA-LOCKA, FL 33054

Title: VD () Delete Title: D (X) Change () Addition

 Name:
 LAWRENCE, MARIA
 Name:
 LAWRENCE, MARIA

 Address:
 2552 E YORK ST STE 1
 Address:
 2552 E YORK ST STE 1

 City-St-Zip:
 OPA-LOCKA, FL 33054
 City-St-Zip:
 OPA-LOCKA, FL 33054

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: VELONA LAWRENCE VP 04/29/2005