2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060607

1. Entity Name

JMG MANAGEMENT ASSOCIATES, INC.



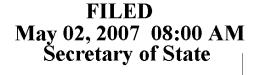
Principal Place of Business

C/O JOEL RAPPAPORT & COMPANY, P.A. 9770 BAYMEADOWS ROAD - SUITE #133 JACKSONVILLE, FL 32256

SPIEGEL & UTRERA, P.A.

Mailing Address

C/O JOEL RAPPAPORT & COMPANY, P.A. 9770 BAYMEADOWS ROAD - SUITE #133 JACKSONVILLE, FL 32256





Name and Address of Current Registered Agent

04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0031735 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 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) PILE NOW!!! FEE IS S150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. PSTD		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algrature required when reinstating) PATE FILE NOW!!! FEE S S150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees	, and accept	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. O-FICERS AND DIRECTORS ITILE PSTD RAPPAPORT, JOEL C/O 9770 BAYMEADOWS ROAD #133 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAMAE STREET ADDRESS		
ITILE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		
MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL. 32256 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE, FL. 32256 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	u is apaigna a	
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS TREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		
STREET ADDRESS		
STREET ADDRESS		
STREET ADDRESS		
STREET ADDRESS		
- "我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
	· 中国	
TITLE NAME		
STREET ADDRESS		
CITY-ST-ZIP	The not	

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 suppliernental 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.

JOEL RAPPAPORI

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

27/0

Daytime Phone #