

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065909

Entity Name: JPCE GROUP, INC.

FILED
Jan 06, 2006
Secretary of State

Current Principal Place of Business:

5470 E. BUSCH BLVD.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5470 E. BUSCH BLVD.
TAMPA, FL 33617

New Mailing Address:

FEI Number: 51-0470835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIAS, PATRICIA A
5470 E. BUSCH BLVD.
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ELIAS, JOSEPH G
Address: 6420 E MACLAURIN DR
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: ELIAS, PATRICIA A
Address: 6420 E MACLAURIN DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELIAS, JOSEPH G
Address: 5470 E BUSCH BLVD
City-St-Zip: TAMPA, FL 33617

Title: VD (X) Change () Addition
Name: ELIAS, PATRICIA A
Address: 5470 E BUSCH BLVD
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSEPH G ELIAS

CEO

01/06/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date