


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90024 039 ***150.00

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DOCUMENT # P04000040108						
1. Entity Name JC MARKETING GROUP, INC.						
Principal Place of Business 14266 NORTHWEST 19TH STREET PEMBROKE PINES, FL 33028		Mailing Address 14266 NORTHWEST 19TH STREET PEMBROKE PINES, FL 33028				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 65-1220117 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For	Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P CR2E034 (11/05) \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YOUNKER, JAMES R JR		NAME			
STREET ADDRESS	14266 NORTHWEST 19TH STREET		STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP			
TITLE	SV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAMPO-YOUNKER, CHRISTINA M		NAME			
STREET ADDRESS	14266 NORTHWEST 19TH STREET		STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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: <i>James R. Younker Jr</i>		James R. Younker Jr		2-12-06 954.817.4407 Date Daytime Phone #		