2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2006 08:00 AM Secretary of State

DOCUMENT # P04000091715 1. Entity Name JMP VENTURES, INC.					Secretary of State				
Principal Place of Business 1213 13TH CIRCLE SE LARGO, FL 33771 US			Mailing Address 1213 13TH CIRCLE SE LARGO, FL 33771 US						
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			02202008	Chg-P	CR2E034 (1		(841 11 183)
City & State		City & State			4. FEI Numbe	<u> </u>		Ap	plied For
Zip	Country	Zip	Country		20-124. 5. Certificate	of Status Desired		5 Add	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R		Required	
	F, JEFFREY M H CIRCLE SE FL 33771		Stre	eet Address (P.O. Box Numbe	er is Not Acceptable		lp Code	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing i	1 '		red agent, or bot	h, in the State of Flo		•	
SIGNATURE.	Signature, typed or printed name of registered agent	and life if applicable. (NO	ITE. Registered Agent :	signature required	when reinstating)		DATE		
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Camp Trust Fund Cor		\$5. □ Add	.00 May Be ad to Fees				
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFFI			
name Street address City-St-Zip	PARROTT, JEFFREY M 1213 13TH CIRCLE SE LARGO, FL 33771	☐ Delote	title Name Street addr City-St-Zip	ESS		U00000- 03/15/06-1	455123 80042-017	thange 150	Addition □
THEE NAME STREET ADDRESS CITY-ST-ZIP	VP PARROTT, ELIZABETH A 1213 13TH CIRCLE SE LARGO, FL 33771	☐ Delote	tytle Name Street ador City-St-Zip	ESS			□ 0	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-DF		□ Dekste	Tytle Name Sircet Addr City-Si-Zip					hang o	☐ Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Dolete	TITLE NAME STREET AGGRO CITY-ST-ZIP	€SS			□ c	hange	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Colete	TITLE HAME STREET AUORI CITY-ST-ZIP	ESS			C	hange	Addition
TITLE NAME STREET ADDRESS GITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ESS			⊡ α	hange	☐ Addition
12. I hereby of indicated of the conchanged,	certify that the information supplied will on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	this filling does not qualify in true and accurate and that owered to execute this report with all other like empowered	for the exemption my signature sh t as required by t.	ns contained all have the s Chapter 607	in Chapter 119, same legal effect Florida Statutes	Florida Statutes. If as it made under or and that my name	urther certify tha ath; that I am an appears in Bloc	t the int officer of k 10 or	formation or director Block 11 if

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: