2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 30, 2005 8:00 am Secretary of State 03-30-2005 90048 033 ***150.00 JT MARKET RESOURCE INC Principal Place of Business Mailing Address 18971 N MIAMI AVE **DUU32518** 18971 N MIAMI AVE **APT 207 APT 207** NORTH MIAMI BEACH, FL 33169 NORTH MIAMI BEACH, FL 33169 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 4. FEI Number 215371 City & State City & State Applied For Not Applicable Country Zip Country **\$8.75** acommoca 5. Certificate of Status Desired 0.0000 0.0000 O 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENDER, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 18971 N MIAMI AVE **APT 207** NORTH MAIMI BEACH, FL 33169 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 a accasco FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BENDER, JOSEPH L 18971 N MIAMI AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33169 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BENDER, THERESE M NAME NAME STREET ADDRESS STREET ADDRESS 18971 N MIAMI AVE CITY-ST-ZIP. NORTH MIAMI BEACH, FL 33169 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

SIGNATURE

FILED