FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90078 007 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000013982 1. Entity Name JMSB, INC.								90078 007	130.00	
Principal Place of Business Mailing Address						1				
2989 ST BARNABAS CT NAPLES, FL 34105			2989 ST BARNABAS CT Naples, FL 34105) : (1 till (1					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03252007	Chg-P	CR2E034 (12/06)	i	
City & State			City & State			4. FEI Numbi 20-223		⊢	pplied For lot Applicable	
Zip	Country Country		Zip Cou		ntry	5. Certificate of Status Desired		S8.75 Additional Fee Required		
		and Address of Current				7. Name and Address of New Registered Agent				
Jill Bresnahan					Name Street Address (P.O. Box Number is Not Acceptable)					
	2980	1 5t. 150	Inabas et							
	νωρι	17, PC 3	1 10)		City		·	FL Zip Co	de	
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. Alcolo 7 Alcolo 7										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remislating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
	ay 1, 200									
TITLE	OFFICERS AND DIRECTORS Delete				<u> </u>	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 11	
NAME		HAN, JILL M	Li Delete	TITE NAM				change		
STREET ADDRESS CITY-ST-ZIP		BARNABAS CT			EET ADDRESS (-ST-ZIP					
TITLE	NAPLES, FL 34105		Delete		E			☐ Change	☐ Addition	
NAME	BRESNAHAN, TIMOTHY J		□ bacie		4E					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS /-ST-ZIP					
TITLE	Delet			TITL	———			☐ Change	☐ Addition	
NAME					(E					
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TITLE			☐ Delete		Ε			☐ Change	☐ Addition	
NAME STREET ADDRESS	ANDRESS				AE EET ADDRESS					
CITY-ST-ZIP)				Y-ST-ZIP					
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CITY-ST-ZIP				CITY	r-ST-ZIP		 .			
TITLE NAME			☐ Delete	e TITLE NAME				Change	☐ Addition	
STREET ADDRESS				1	EET ADIORESS					
CITY-ST-ZIP					Y-ST-ZIP					
12. I hereby cently that the information supplied with this filing does not quality 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 reggiver 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.										
SIGNAT	TURE/	Die B	nosalas	、づ	III BREST	VAHAN	Aliolox	232-2 Daytine Phone A	(3-1135	
5.5.44		SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	OR DIREC	TOR		Date	Daytine Phone #		