2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031893

Entity Name: JM ENVIROMENTAL, INC.

FILED May 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3611 CONROY RD 8925 LAKE MABEL DRIVE APT 812 ORLANDO, FL 32836 ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

3611 CONROY RD PO BOX 167 APT 812 GOTHA, FL 34734 ORLANDO, FL 32839

FEI Number: 11-3744297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILSON, JOHN A
3611 CONROY RD
APT 812
ORLANDO, FL 32839 US
WILSON, JOHN A
7299 HAWLSNEST BLVD
ORLANDO, FL 32835 US

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: 05/27/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 WILSON, JOHN A
 Name:
 WILSON, JOHN A

 Address:
 3611 CONROY RD APT 812
 Address:
 7299 HAWKSNEST RLVD

 Address:
 3611 CONROY RD APT 812
 Address:
 7299 HAWKSNEST BLVD

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:
 ORLANDO, FL 32835

Title: VP () Delete Title: () Change () Addition
Name: WILSON, JOHN M Name:

 Address:
 8925 LAKE MABEL
 Address:

 City-St-Zip:
 ORLANDO, FL 32836
 City-St-Zip:

Title: S/T () Delete Title: S/T (X) Change () Addition

 Name:
 WILSON, LUANN D
 Name:
 WILSON, LUANN D

 Address:
 3611 CONROY RD APT 812
 Address:
 7299 HAWKSNEST BLVD

 City-St-Zip:
 ORLANDO, FL 32839
 City-St-Zip:
 ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify 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: JOHN A WILSON PRES 05/27/2008