

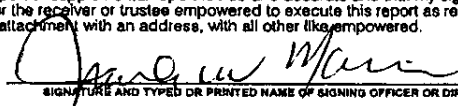


FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90023 038 ***550.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000096543 1. Entity Name JM FINANCIAL MANAGEMENT CORP.					
Principal Place of Business 5801 PELICAN BAY BLVD. SUITE 300 NAPLES, FL 34108-2709			Mailing Address 5801 PELICAN BAY BLVD. SUITE 300 NAPLES, FL 34108-2709		
2. Principal Place of Business 2853 CAPISTRANO WAY Suite, Apt. #, etc.		3. Mailing Address 96 S. GEORGE ST. STE 350 Suite, Apt. #, etc.			
City & State NAPLES, FL		City & State YORK, PA		4. FEI Number 20-3183506	
Zip 34105		Zip 17401		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RYAN, JEAN A C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108-2709				7. Name and Address of New Registered Agent 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 \$550.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPH MARINO C/O SELIGMAN, FRIEDMAN & CO 96 S GEORGE ST STE 350 YORK PA 17401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Joseph W. Marino		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 7/20/06 Daytime Phone #		