

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P06000057005

1. Entity Name  
JEM GROUP INC



Principal Place of Business  
176 22ND AVENUE  
VERO BEACH FL 32962

Mailing Address  
176 22ND AVENUE  
VERO BEACH FL 32962

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
CIC 20-4735866      Applied For  
[ ] Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METZ, ROBIN K  
176 22ND AVENUE  
VERO BEACH FL 32962

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$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	P METZ, ROBIN K 176 22ND AVENUE VERO BEACH FL 32962	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert K. Metz*      Robin K. Metz      4/19/2007 (727)539-2490  
I SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #