2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P06000082073 04-28-2008 90386 016 ***150.00 JMP SERVICES, INC. Principal Place of Business Mailing Address 2424 MANATEE AVENUE WEST **PO BOX 75** SUITE 205 ELLENTON, FL 34222-0075 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3108 RIVERIU UDOS DR. 3109 RIVELWOODS DE Suite, Apt. #, etc. 04142008 CR2E034 (12/06) Chg-P City & State PARRITS H Applied For City & State 4. FEI Number PARRISH. FL 76-0835681 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired MANATEE MANATEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUSEOH M PERUSEK, JOSEPH M 2424 MANATEE AVENUE WEST **SUITE 205** BRADENTON, FL 34205 CITY ARRISH 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 the obligations of registered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PERUSEN, JOSEPH MEDIAN 3108 RIVERWOODS DR 2007 FCH FL 34219 **DPT** TITLE TITLE Delete NAME PERUSEK, JOSEPH M NAME 2424 MANATEE AVENUE WEST, SUITE 205 STREET ADORESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 attackment with an address, with all other the empowered. SIGNATURE:

FILED