2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P06000092269

Entity Name: JMP DISTRIBUTORS INC.

Current Principal Place of Business:

144 W. SR. 434
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

14342 STAMFORD CIRCLE
ORLANDO, FL 32826 US

Current Mailing Address:

144 W.SR. 434
WINTER SPRINGS, FL 32708 US

New Mailing Address:

14342 STAMFORD CIRCLE
ORLANDO, FL 32826 US

FEI Number: 76-0832615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCPHERSON, MELVIN H
1321 ROCK SPRINGS DR.
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: APONTE, JOSE M
Address: 1439 LA PALOMA CIRCLE
City-St-Zip: WINTER SPRINGS CIRCLE, FL 32708 US

Title: VP ( ) Delete
Name: MCPHERSON, MELVIN H
Address: 1321 ROCK SPRINGS DR.
City-St-Zip: MELBOURNE, FL 32920 US

Title: TR ( ) Delete
Name: CHANTARA, PATRICK
Address: 14342 STAMFORD CIRCLE
City-St-Zip: ORLANDO, FL 32826 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: APONTE, JOSE M
Address: 14342 STAMFORD CIRCLE
City-St-Zip: ORLANDO, FL 32826 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MELVIN MCPHERSON VP 04/30/2009
Electronic Signature of Signing Officer or Director Date