


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90100 003 \*\*\*150.00

<b>DOCUMENT # P06000120169</b>	
1. Entity Name <b>JEM COMPREHENSIVE CONSULTING INC.</b>	

Principal Place of Business <b>9741 NW 7 CIR STE 524 PLANTATION, FL 33324</b>	Mailing Address <b>9741 NW 7 CIR STE 524 PLANTATION, FL 33324</b>
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2. Principal Place of Business - No P.O. Box # <b>1440 NW 110 Ave Suite, Apt. #, etc. 398 City &amp; State Plantation, FL Zip 33322 Country USA</b>	3. Mailing Address <b>1440 NW 110 Ave. Suite, Apt. #, etc. 398 City &amp; State Plantation, FL Zip 33322 Country USA</b>
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8. Name and Address of Current Registered Agent <b>MANNING, VERA M. 441 SE 22 TERRACE FT LAUDERDALE, FL 33312</b>	
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04092008 Chg-P CR2E034 (12/06)

4. FEI Number <b>37-1524555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>441 SW 22 TERRACE</b>	
City <b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCEWAN, JANET 9741 NW 7 CIR - STE 524 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McEwan, Janet 1440 NW 110 Ave., #398 Plantation, FL 33322 <input checked="" 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 Janet McEwan 4-9-08 305-300-0991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #