2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # P06000149247 1. Entity Name JMS MANAGEMENT SERVICES, INC.							04-20-2007	90199 02	1 ***1	50.00
Principal Place of Business 107 E. THARPE STREET TALLAHASSEE, FL 32303			Mailing Address P.O. BOX 4089 TALLAHASSEE, FL 32315			- - - - - - - - - - - - - - - - - - -		5 (9001	406
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072007	Chg-P	CR2E034		
City & State			City & State		4. FEI Numb	°20-803	1360	Ap No	plied For Applicable	
Zip			Zip Coun		itry	l	of Status Desired	Fee	.75 Add Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SMITH, RICHARD F 107 E. THARPE ST. TALLAHASSEE, FL 32303					Street Address (P.O. Box Number is Not Acceptable))		
				City			FL	Zip Code	е	
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 9. Election Campaign Financing										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	CERS AND DI	RECTORS	S IN 11
TITLE NAME STREET ADDRESS	107 E. T⊦	IOHN M SR. IARPE ST.	☐ Defete		ET ADDRESS] Change	Addition
CITY-ST-ZIP	TALLAHA	SSEE, FL 32303			-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	i		?•	L] Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLI	_] Change	Addition
CITY-S7-ZIP					-ST-ZIP					
TITLE NAME			☐ Delete	TITLI	i) Change	Addition :
STREET ADDRESS CITY-ST-ZIP			•	SIRE	ET AUDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ì] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLI NAM STRE CITY	E EET ADDRESS -ST-ZIP] Change	☐ Addition
12. I hereby of indicated of the corchanged	certify that the on this reportation or to or an att	e information supplied wit rt or supplemental report i he receiver or trustee emp achment with an address,	h this filing does not qualify fi s true and accurate and that ewered to execute this report with all other like empowered	or the ex- my signa t as requi	emptions contained ture shall have the red by Chapter 607	d in Chapter 11 same legal effe 7, Florida Statut	9. Florida Statutes. I f ct as if made under o es; and that my name 1	urther certify ath; that I am appears in B	that the in an officer lock 10 or	nformation or director Block 11 if