


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90014 028 ***158.75

DOCUMENT # P06000156107	
1. Entity Name J.M.J. INVESTMENT GROUP, INC.	

Principal Place of Business 3412 VALLEY RANCH DRIVE LUTZ, FL 33548 US	Mailing Address C/O JOHN GIBBONS, 201 E. KENNEDY BLVD. SUITE 600 TAMPA, FL 33602 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
05142007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-8141187	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

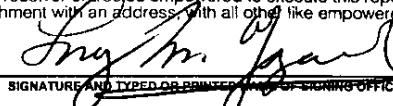
6. Name and Address of Current Registered Agent	
GIBBONS, JOHN B ESQ. SAXON GILMORE, 201 E. KENNEDY BLVD. SUITE 600 TAMPA, FL 33602	

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	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZANK, LUZ M	NAME	
STREET ADDRESS	3412 VALLEY RANCH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33548	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZANK, LUZ M	NAME	
STREET ADDRESS	3412 VALLEY RANCH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33548	CITY-ST-ZIP	
TITLE	S, T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZANK, LUZ M	NAME	
STREET ADDRESS	3412 VALLEY RANCH DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33548	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address, with all other like empowered.	
SIGNATURE: 	5-14-07 813-629-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #