2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 25, 2008 08:00 AN Secretary of State **DOCUMENT # P94000067668** 1. Entity Name J.M.V.P. SERVICES INC. Principal Place of Business Mailing Address POST OFFICE BOX 650286 POST OFFICE BOX 650286 VERO BEACH, FL 32965 VERO BEACH, FL 32965 No Chg-P CR2E034 (11/05) 02132008 Applied For 4. FEI Number 65-0527782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent THIMMER, JOHN E DO NOT WRITE 3226 1ST LANE VERO BEACH, FL 32968 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE THIMMER, JOHN E. NAME STREET ADDRESS 3226 1ST LANE CITY-ST-7IP VERO BEACH, FL 32968 TITLE , 03/04/08-80011-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

John E. Ihimmer