2005 FOR PROFIT CORPORATION

FILED May 02, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P95000062508 1. Entity Name JMC EQUITY CORP. Principal Place of Business Mailing Address 2300 GLADES ROAD 2300 GLADES ROAD SUITE 100E SUITE 100E BOCA RATON, FL 33431 BOCA RATON, FL 33431 01242005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0604691 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM R DO NOT WRITE 2300 GLADES ROAD SUITE 100E IN THIS SPACE BOCA RATON, FL 33431 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. Lam 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 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE GREENFIELD, WILLIAM R NAME 2300 GLADES ROAD, SUITE 100E STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 NAME STREET ADDRESS CITY - ST - ZIP U00000357490 05/04/05-80076-008 150.00 TITLE STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 7IP TITLE STREET AODRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; 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.

William R. Greenfield

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

561-392-6662