

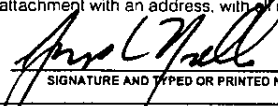


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P95000071472			
1. Entity Name J.S.M. ELECTRONICS, INC.		Principal Place of Business 2280 NORTH COUNTY ROAD 427 105 LONGWOOD, FL 32750 US	
Mailing Address P O BOX 521430 LONGWOOD, FL 32752			
DO NOT WRITE IN THIS SPACE		03032008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-3336201		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		DO NOT WRITE IN THIS SPACE	
6. Name and Address of Current Registered Agent NORELLI, JOSEPH 2280 NORTH COUNTY ROAD 427 #105 LONGWOOD, FL 32750		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		04/11/08-80005-009 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVT NORELLI, JOSEPH 2280 NORTH COUNTY ROAD 427 #105 LONGWOOD, FL 32750		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS NORELLI, ANN 2280 NORTH COUNTY ROAD 427 #105 LONGWOOD, FL 32750		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS 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 or other like empowered.			
SIGNATURE:  JOSEPH NORELLI		3/26/08 407 402 4416	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	