


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000026496	
1. Entity Name GMPJJ, INC.	

Principal Place of Business 1586 GULF BOULEVARD UNIT 2502 CLEARWATER, FL 34635	Mailing Address 1586 GULF BOULEVARD UNIT 2502 CLEARWATER, FL 34635
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01132005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'MALLEY, ANDREW M 712 S OREGON AVENUE TAMPA, FL 33606

**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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000415222 02/11/06-80072-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITROVICH, GEORGE A 1586 GULF BOULEVARD UNIT 2502 CLEARWATER, FL 34635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITROVICH, MARIE K 1586 GULF BOULEVARD UNIT 2502 CLEARWATER, FL 34635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITROVICH, PAUL G 1586 GULF BLVD UNIT 2502 CLEARWATER, FL 34635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITROVICH, JONATHAN A 1586 GULF BLVD UNIT 2502 CLEARWATER, FL 34635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITROVICH, JENNIFER K 1586 GULF BLVD UNIT 2502 CLEARWATER, FL 34635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: <u><i>George A. Mitrovich</i></u> <u>1/25/06</u>	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	