2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

Jan 27, 2006 08:00 AM DOCUMENT # P97000077806 **Secretary of State** 1. Entity Name JMR BUILDERS, INC. Principal Place of Business Mailing Address 1765 ROCHELLE PARKWAY 1765 ROCHELLE PARKWAY MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3468792 Not Applicat Zip Ζip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICHRISTOPHER, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 1765 ROCHELLE PARKWAY MERRITT ISLAND FL 32952 City 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 accepthe obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. THRE Change Add::: TITLE ☐ Delete NAME DICRISTOPHER, MICHAEL A NAME U00000404722 STREET ADDRESS STREET ADDRESS 1765 ROCHELLE PARKWAY 02/07/06-80012-006 150.00 CITY-ST-ZIP C37Y - ST - 7IP MERRITT ISLAND FL 32952 TITLE ☐ Change Arks::: TITLE Delete NAME DICHRISTOPHER, ROBERT J STREET ADDRESS STREET ADDRESS 517 N.E. 6TH AVENUE CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP ☐ Change □ Add : MUE Delete DILE NAME MAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addinor TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Aoc TITLE Delete TITLE NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEE ☐ Delete TITLE ☐ Change ☐ Acri 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 Section 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 direction 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 1

MICHAEL A. O.CHRISTOPHER 1/24/06

FILED