

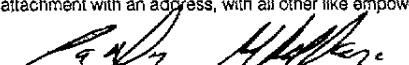


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000073311 1. Entity Name JPM & ASSOCIATES, INC.																																											
Principal Place of Business 1902 43RD STREET NORTH TAMPA, FL 33605		Mailing Address 1902 43RD STREET NORTH TAMPA, FL 33605																																									
DO NOT WRITE IN THIS SPACE		 02272006 No Chg-P CR2E034 (11/05)																																									
		4. FEI Number 59-3593918	Applied For <input type="checkbox"/> Not Applicable																																								
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent MATALLANA, CARLOS 1902 43RD STREET NORTH TAMPA, FL 33605		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)</small>																																											
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																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MATALLANA, CARLOS</td></tr><tr><td>STREET ADDRESS</td><td>1902 43RD STREET NORTH</td></tr><tr><td>CITY - ST - ZIP</td><td>TAMPA, FL 33605</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>MATALLANA, JOHN</td></tr><tr><td>STREET ADDRESS</td><td>1902 43RD STREET NORTH</td></tr><tr><td>CITY - ST - ZIP</td><td>TAMPA, FL 33605</td></tr><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>PAPPAN, PATRICIA</td></tr><tr><td>STREET ADDRESS</td><td>1902 43RD STREET NORTH</td></tr><tr><td>CITY - ST - ZIP</td><td>TAMPA, FL 33605</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	D	NAME	MATALLANA, CARLOS	STREET ADDRESS	1902 43RD STREET NORTH	CITY - ST - ZIP	TAMPA, FL 33605	TITLE	D	NAME	MATALLANA, JOHN	STREET ADDRESS	1902 43RD STREET NORTH	CITY - ST - ZIP	TAMPA, FL 33605	TITLE	D	NAME	PAPPAN, PATRICIA	STREET ADDRESS	1902 43RD STREET NORTH	CITY - ST - ZIP	TAMPA, FL 33605	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div style="text-align: right;">1100000453621 03/14/06-80028-016 150.00</div> DO NOT WRITE IN THIS SPACE	
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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: 		02-27-06	813 241 2658																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #																																								