


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State


DOCUMENT # V43769
 1. Entity Name
JAC-MAU, INC.



Principal Place of Business
909 SYMPHONY BCH LANE
APOLLO BEACH, FL 33572

Mailing Address
909 SYMPHONY BCH LANE
APOLLO BEACH, FL 33572

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3127969	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

LANGELIER, MAURICE
909 SYMPHONY BCH LANE
APOLLO BEACH, FL 33572

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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 _____ (NOTE: Registered Agent signature required when re-registering)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGELIER, J M 909 SYMPHONY BCH LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGELIER, JACQUELINE 909 SYMPHONY BCH LANE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGELIER, PHILIPPE 505 S 56 ST TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGELIER, JOELLE I 10603 GOOLSBY LANE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000741709
 05/15/07-80042-005 150.00

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: Joelle Mojin **4/26/07** **(813) 741 0781**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #