## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000004099

Entity Name: IJS GLOBAL INC.

FILED Feb 05, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5 HIGH RIC ATT: MARK STAMFORI					
Current Ma	ailing Addres	s:	New Mailin	ng Address:	
5 HIGH RID ATT: MARK STAMFORI					
FEI Number:	11-3292371	FEI Number Applied For ( ) FEI Num	nber Not Appli	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. SUITE 4 WESTON, FL 33331 US 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.					
SIGNATURE:					
01011/11011		ic Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () GALLAHAN, JO 5 HIGH RIDGE STAMFORD, C	PARK	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition LACCONA, GIORGIO 5 HIGH RIDGE PARK STAMFORD, CT 06905	
Title: Name: Address: City-St-Zip:	V () LEMBO, STEVE 5 HIGH RIDGE STAMFORD, C	PARK	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () ATZBI, MARK 5 HIGH RIDGE STAMFORD, C		Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition ATZBI, MARK 5 HIGH RIDGE PARK STAMFORD, CT 06905	
Title: Name: Address: City-St-Zip:	HARTLONG, HE	RE DRIVE, SUITE 265	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARTNETT, KE	RE DRIVE, SUITE 265	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition DIAZ, MIGDALIA 5 HIGH RIDGE PARK STAMFORD, CT 06905	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ATZBI

T 02/05/2008