## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 15, 2007 8:00 am Secretary of State

DOCUMENT # P04000035301  1. Entity Name TJJW, INC.							7 90010 021 *	**150.00
Principal Place of Business Mailing Address					401	<b>T</b> 9900		
3080 BRAELOCH CIRCLE CLEARWATER, FL 33761		3080 BRAELOCH CIRCLE CLEARWATER, FL 33761						
Principal Place of Business - No P.O. Box # 3. Mailing Address				•				
Suile, Apt. #, etc.		Suite, Apt. #, etc.		03302007	Chg-P	CR2E034 (12/06	5)	
City & State		City & State			4. FEI Numb 20-071		<del>)</del>	Applied For Not Applicable
Zlp	Country	Zip			1	of Status Desired	□ \$8.75 A Fee Requ	
<del> </del>	6. Heme and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
WHITEWAY, THOMAS J				140110				
3080 BRAELOCH CIR CLEARWATER, FL 33761				Street Address (P.O. Box Number is Not Acceptable)				
·				City			FL Zip Co	ode
The above named entity submits this statement for the purpose of changing its registered of					ered agent or bo	th in the State of Ele		
the obligate	ions of registered agent.  Signature, typed or printed name of registered agent	and title if applicable. (NO	TE Registere	d Agent signature require	id when reinstiting)		DATE	
	E NOWIII FEE IS \$150.00 By 1, 2007 Fee will be \$550.0	9. Election Camp. Trust Fund Cor		noing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS	DPS WHITEWAY, THOMAS J 3080 BRAELOCH CIR	☐ Delete	TITL NAM STRI				Change	Addition
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY	-ST-ZIP				
TITLE		☐ Delete	TETE			-	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	:			E EET ADORESS - ST-ZUP				
TITLE		☐ Delete	TITL	E			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	tm			<u> </u>	Change	Addition
NAME			NAM	<b>I</b>				
STREET ADDRESS CITY-ST-ZOP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
KAME			NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP				
TITLE		☐ Nalesa	TITL				П сь	O 44400
MAME		☐ Delete	NAM	I			☐ Change	Addition
STREET ADDRESS			STRE	ET ADORESS				
CITY-ST-ZIP		Abia (III — Jan. )		-57 · ZIP				
indicated of the co- changed	certify that the information supplied with on this report or supplemental report is poration or the recorder or trustee empty or on an attaching with an address.	tris filing does not qualify to strue and accurate and that owered tojexecute this report with all other like embowered	my signa t as requi	emptions containe ture shall have the red by Chapter 60	a in Chapter 119 same legal effec 7, Florida Statute	r, Florida Statutes. I I t as it made under o s; and that my name	turther certify that the ath; that I am an office appears in Block 10	information or director or Block 11 if