

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 15, 2006
Secretary of State**

DOCUMENT# S28815

Entity Name: KJ HOLDINGS, INC.

Current Principal Place of Business:

C/O KATHLEEN WYNN JONES
17090 ROCKRIDGE RD
POLK CITY, FL 33868

New Principal Place of Business:

C/O KATHLEEN WYNN JONES
PO BOX 490870
KEY BISCAYNE, FL 33149

Current Mailing Address:

C/O KATHLEEN WYNN JONES
17090 ROCKRIDGE RD
POLK CITY, FL 33868

New Mailing Address:

C/O KATHLEEN WYNN JONES
201 S. BISCAYNE BLVD., #1600(GR)
MIAMI, FL 33131

FEI Number: 65-0255167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, KATHLEEN W
17090 ROCKRIDGE RD
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., SUITE 1500(GR)
MIAMI, FL 33131 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: FELICIA HICKEY, ASST. SECRETARY OF CCOM

11/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: JONES, KATHLEEN WYNN
Address: 17090 ROCKRIDGE RD
City-St-Zip: POLK CITY, FL

Title: V () Delete
Name: JONES, TUDOR W
Address: 17090 ROCKRIDGE RD
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: JONES, KATHLEEN WYNN
Address: PO BOX 490870
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V (X) Change () Addition
Name: JONES, TUDOR W
Address: PO BOX 490870
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHLEEN WYNN-JONES

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11/15/2006

Electronic Signature of Signing Officer or Director

Date