2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057061

Entity Name: BJA, INCORPORATED

FILED Jan 04, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3030 DADE AVENUE 851 DOUGLAS AVENUE

SUITE #120 ALTAMONTE SPRINGS, FL 32714 US ORLANDO, FL 32804

New Mailing Address: Current Mailing Address:

3030 DADE AVENUE 851 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FL 32714 **SUITE #120** US ORLANDO, FL 32804

FEI Number: 59-3583146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMAS, T. BENJAMIN THOMAS, T. BENJAMIN 3030 DADE AVENUE 851 DOUGLAS AVENUE

ALTAMONTE SPRINGS, FL 32714 **SUITE #120** US ORLANDO, FL 32804 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: 01/04/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: THOMAS, T. BENJAMIN THOMAS, T. BENJAMIN Name: Name: 3030 DADE AVENUE SUITE #120 851 DOUGLAS AVENUE Address: Address:

City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

() Delete Title: DVS Title: DVS (X) Change () Addition

Name: THOMAS, JENNIFER E Name: THOMAS, JENNIFER E 3030 DADE AVENUE SUITE # 120 Address: 851 DOUGLAS AVENUE Address:

ORLANDO, FL 32804 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip:

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: T. BENJAMIN THOMAS **DPT** 01/04/2006