

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028969

Entity Name: BJLN ENTERPRISES, INC.

FILED
Jun 30, 2009
Secretary of State

Current Principal Place of Business:

7701 HOFFY CIR.
LAKE WORTH, FL 33467

New Principal Place of Business:

6240 SHADOW TREE LANE
LAKE WORTH, FL 33463 US

Current Mailing Address:

7701 HOFFY CIR.
LAKE WORTH, FL 33467

New Mailing Address:

6240 SHADOW TREE LANE
LAKE WORTH, FL 33463 US

FEI Number: 36-4628806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDMONDS, WILLIAM D
7701 HOFFY CIR.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

EDMONDS, WILLIAM D
6240 SHADOW TREE LANE
LAKE WORTH, FL 33463 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:

06/30/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDMONDS, WILLIAM D
Address: 7701 HOFFY CIR.
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: EDMONDS, LIBERATA
Address: 7701 HOFFY CIR.
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDMONDS, WILLIAM D
Address: 6240 SHADOW TREE LANE
City-St-Zip: LAKE WORTH, FL 33463 US

Title: D (X) Change () Addition
Name: EDMONDS, LIBERATA
Address: 6240 SHADOW TREE LANE
City-St-Zip: LAKE WORTH, FL 33463 US

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: LIBERATA EDMONDS

D

06/30/2009

Electronic Signature of Signing Officer or Director

Date