2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 09, 2005 8:00 am **Secretary of State DOCUMENT # 395521** 1. Entity Name 02-09-2005 90060 042 ***158.75 FJS RESEARCH, INC. Principal Place of Business Mailing Address ZUUUJUII 8065 52ND LN N 8065 52ND LN N PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1406018 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHUL, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 248 MIRROR LAKRE DR N ST. PETERSBURGE FL 33701 Zip Code City 8. 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition FRAZE, O RICHARD STREET ADDRESS 8065 52ND LN N STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP TSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition FRAZE, NANCY W NAME NAME 8065 52ND LN N STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE VD ★ Change **₩** Delete TITLE Richard E. Fraze 6261 - 76 Ave. N. Pinelles Park, FL NAME FRAZE, RICHARD E NAME STREET ADDRESS 8065 52ND LN N STREET ADDRESS CITY-ST-7IP PINELLAS PARK FL 33781 CITY+ST-7IP 3378/ TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. And O Znago Richard O. Fraze President 1/24/05 522-6759.

RE AND TYPED OR PRINTED NAMPOF SIGNING OFFICER OR DIRECTOR

Date DoyInte Phone #

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information