2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 17, 2006 08:00 AN Secretary of State **DOCUMENT # 395521** 1. Entity Name FJS RESEARCH, INC. Principal Place of Business Mailing Address 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. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-1406018 Not Applicat Zip Country 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 City Zip Code 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 the obligations of registered agent. Signature, typed or printed name of registered agent and lifte if applicable INOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Change Additio NAME FRAZE, O RICHARD MAME 04/29/06-80147-023 158 75 STREET ADDRESS STREET ADDRESS 8065 52ND LN N CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST ZIP TITLE TSD ☐ Delete TITLE ☐ Change Add65 FRAZE, NANCY W NAME NAME STREET ADDRESS 8065 52ND LN N STREET ADDRESS CITY - ST - 782 PINELLAS PARK FL 33781 CITY - ST - ZIP THEE VD Delete rm r ☐ Change Addito NAME FRAZE, RICHARD E NAME STREET ADDRESS STREET ADDRESS 6261 76 AVENUE NORTH CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change Addis-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP Delete THLE THILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREE! ADDRESS CITY-ST-ZIP CITY-51-2/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information 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

signature: Rechard of Znaze President april 13, 2006 522-675