

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # F00000007116</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                           |
| 1. Entity Name<br>IJL & JL, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                                                                            |
| Principal Place of Business<br>300 SE 5TH AVE. APT. 7050<br>BOCA RATON, FL 33432                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mailing Address<br>300 SE 5TH AVE. APT. 7050<br>BOCA RATON, FL 33432        |                                                                                                                            |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             | 01222006 No Chg-P CRZE034 (11/05)                                                                                          |
| 4. FEI Number<br>88-0446536                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | Applied For<br>Not Applicable                                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             | \$8.75 Additional<br>Fee Required                                                                                          |
| 6. Name and Address of Current Registered Agent<br><br>LITWAK, IRVING J<br>300 SE 5TH AVE. APT. 7050<br>BOCA RATON, FL 33432                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                      |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |                                                                                                                            |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DP<br>LITWAK, IRVING J<br>300 SE 5TH AVE. APT. 7050<br>BOCA RATON, FL 33432 |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DTS<br>LITWAK, JUDITH<br>300 SE 5TH AVE. APT. 7050<br>BOCA RATON, FL 33432  |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                                                            |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |                                                                             |                                                                                                                            |
| SIGNATURE: <u>Judy Litwak Sec</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             | 4-5-06<br><small>Date Daytime Phone #</small>                                                                              |