2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # F01000000004 1. Entity Name TU-J, INC. Mailing Address Principal Place of Business 9 HIGH MILLS COURT 9 HIGH MILLS COURT OWINGS MILLS, MD 21117 OWINGS MILLS, MD 21117 02252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-1372583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FOX, STAN DO NOT WRITE 2971 BRAVURA LAKE DRIVE SARASOTA, FL 34240 IN THIS SPACE 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. (NOTE Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and titte it applicable \$. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAME FOX, JOYCE E U00000498303 04/22/06-80087-925 150.00 STREET ADDRESS 9 HIGH MILL COURT CITY-ST-ZIP OWINGS MILLS, MD TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE DITY-ST-70 IN THIS SPACE MILE NAM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 path; 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CUTY-ST-7fP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED