

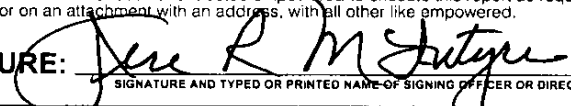


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90142 044 ***150.00

DOCUMENT # F01000006292					
1. Entity Name DJJ HOLDING CORPORATION					
Principal Place of Business 102 WEST WHITING STREET, SUITE 102 TAMPA, FL 33602			Mailing Address 300 PIKE STREET CINCINNATI, OH 45202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04162008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 13-2727622	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME GRASS, KEITH B STREET ADDRESS 300 PIKE STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE NAME Elizabeth W. Bowers STREET ADDRESS 1915 Rexford Rd CITY-ST-ZIP Charlotte NC 28211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VSD NAME GOETZ, JAMES H STREET ADDRESS 300 PIKE STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE AS NAME A. Rae Eagle STREET ADDRESS 1915 Rexford Rd CITY-ST-ZIP Charlotte NC 28211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME BEDELL, CHRISTOPHER J STREET ADDRESS 300 PIKE STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE Director NAME R. Joseph Stratman STREET ADDRESS 1915 Rexford Rd CITY-ST-ZIP Charlotte NC 28211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MCINTYRE, JERE R STREET ADDRESS 300 PIKE STREET CITY-ST-ZIP CINCINNATI, OH 45202	<input type="checkbox"/> Delete		TITLE John J. Ferriola, Director NAME John J. Ferriola, Director STREET ADDRESS 1915 Rexford Rd CITY-ST-ZIP Charlotte NC 28211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CEOD NAME KENNEDY, PATRICK STREET ADDRESS RIJNKADE 1 3511 LC UTRECHT CITY-ST-ZIP THE NEVERLANDS,	<input checked="" type="checkbox"/> Delete		TITLE Assistant Secretary NAME Mary J. Colebrook STREET ADDRESS 300 Pike St. CITY-ST-ZIP Cincinnati Oh 45202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE AS NAME MARTIN, EVERETT N STREET ADDRESS 300 PIKE ST CITY-ST-ZIP CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete				
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.					
SIGNATURE: 			4-16-08 513/ 419-6030		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		