FILED
May 29, 2007 8:00 am
Secretary of State

04-26-2007 90211 026 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000001996

1. Entity Name
BJ INTERNATIONAL INTERNET MARKETING, INC.

Principal Place of Business	Mailing Address
12 W MESQUITE BLVD - STE 108 MESQUITE, NV 89027	12 W MESQUITE BLVD - STE 108 MESQUITE, NV 89027

	2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Street	450 N. Hillside Dr. Building B	450 N. Hillside Dr. Building B
Suite, Apt. #, etc.	Suite # 200	Suite #200
City & State	Mesquite, NV	Mesquite, NV
Zip	89027	89027
Country	USA	USA

04232007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-4090959 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JANET
641 HARTLEY AVE
DELTONA, FL 32725

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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WHITE, JANET P O BOX 3326 MESQUITE, NV 89024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAVANAUGH, BRENDA D P O BOX 3326 MESQUITE, NV 89024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Brenda D Cavanaugh April 23, 2007 386-575-3428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/2/2007-90103-020-$61.25-$61.25

DOCUMENT # N06000010511

1. Entity Name
THE OAKS AT SUMMER GLEN HOMEOWNERS ASSOCIATION, INC.

ATTACHMENT
66016890

Principal Place of Business	Mailing Address
18650 US HWY 441 MOUNT DORA, FL 32757	18650 US HWY 441 MOUNT DORA FL 32757

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03192007 Chg-NP CR2E037 (12/06)

4. FEI Number NONE ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUDECKE, CHERYL J 18650 US HWY 441 MOUNT DORA, FL 32757	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 ________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLIE JOHNSON BUILDERS, INC 18650 U.S. HWY 441 MT DORA, FL 32757 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHERYL LUDECKE 18650 U.S HWY 441 MT DORA FL 32757 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 66016890

Florida Department of State, Division of Corporations

Corporations Online

www.sunbiz.org

Public Inquiry

Florida Non Profit

THE OAKS AT SUMMER GLEN HOMEOWNERS ASSOCIATION, INC.

PRINCIPAL ADDRESS
18650 US HWY 441
MOUNT DORA FL 32757

MAILING ADDRESS
18650 US HWY 441
MOUNT DORA FL 32757

Document Number	FEI Number	Date Filed
N06000010511	NONE	10/06/2006
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
LUDECKE, CHERYL J 18650 US HWY 441 MOUNT DORA FL 32757

Officer/Director Detail

Name & Address	Title
NONE	

Annual Reports

Report Year	Filed Date

ATTACHMENT #660168900

#N06000010511

Previous Filing | Return to List | Next Filing

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

10/06/2006 -- Domestic Non-Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry **Corporations Help**

ATTACHMENT

66121690

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Document Number

Florida Non Profit Corporation

THE OAKS AT SUMMER GLEN HOMEOWNERS ASSOCIATION, INC.

Filing Information

Document Number	N06000010511
FEI Number	NONE
Date Filed	10/06/2006
State	FL
Status	ACTIVE
Effective Date	NONE

Principal Address

18650 US HWY 441
MOUNT DORA FL 32757

Mailing Address

18650 US HWY 441
MOUNT DORA FL 32757

Registered Agent Name & Address

LUDECKE, CHERYL J
18650 US HWY 441
MOUNT DORA FL 32757

Officer/Director Detail

Name & Address

NONE

Annual Reports

No Annual Reports Filed

Document Images

10/06/2006 -- Domestic Non-Profit

Note: This is not official record. See documents if question or conflict.

ATTACHMENT 660168890
#N06000010571