


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90083 040 \*\*\*150.00

<b>DOCUMENT # F96000003841</b> 1. Entity Name EPJ CONSULTING CORP.	
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Principal Place of Business 32 EAST SNAPPER POINT DR KEY LARGO, FL 33037 US	Mailing Address 24 DOCKSIDE LANE, STE 490 KEY LARGO, FL 33037 US
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04302007 No Chg-P CR2E034 (11/05)	
4. FEI Number 51-0371616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHANSEN, EVEN P 32 E. SNAPPER POINT, OCEAN REEF CL. KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CARPENTER, RANDLE 29 HAZEL LANE LARCHMONT, NY 10538
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Mary D Vasquez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, ACCOUNTANT</small>	Date <u>4/27/07</u> Daytime Phone # <u>305 367-2393</u>