2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 16, 2008 08:00 Al Secretary of State **DOCUMENT # H72109** 1. Entity Name V.J.H. INC. Principal Place of Business Mailing Address 7981 NW 54TH COURT **7981 NW 54TH COURT** LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 01122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2592891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLDERNESS, VICTOR J. DO NOT WRITE 7981 NW 54TH COURT LAUDERHILL, FL 33351 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000786115 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 01/17/08-80027-019 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HOLDERNESS, VICTOR STREET ADDRESS 7981 N.W. 54TH COURT LAUDERHILL, FL CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALIF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR