2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # K77276** T. J. T. INVESTMENTS, INC. Principal Place of Business Mailing Address 9850 ATLANTIC BLV D 9876 ATLANTIC BLVD JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 CR2E034 (11/05) 04072008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2937519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUSH, JOHN P DO NOT WRITE 9850 ATLANTIC BLVD JACKSONVILLE, FL 32225 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000925018 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PDST** TITLE BUSH, JOHN P. NAME STREET ADDRESS 9850 ATLANTIC BLVD. JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE NAME BUSH, THOMAS III STREET ADDRESS 9850 ATLANTIC BLVD CHY-SY-ZIP JACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President