


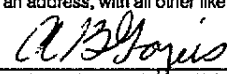


**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L59756</b> 1. Entity Name <b>A &amp; B GAJUS CORPORATION</b>				<b>Mar 01, 2006 08:00</b> <b>Secretary of State</b>	
Principal Place of Business <b>C/O AUDREY B. GAJUS 10387 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065</b>		Mailing Address <b>C/O AUDREY B. GAJUS 10387 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065</b>			
<b>DO NOT WRITE IN THIS SPACE</b>				<b>02252008 No Chg-P CR2E034 (11/05)</b>	
				4. FEI Number <b>65-0179001</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AUDREY B. GAJUS 10387 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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:  <b>2/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>1111000453166 03/14/06-80003-005 150.00</b>	
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP GAJUS, WILLIAM 5905 NW 96TH DRIVE PARKLAND, FL 33076			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP GAJUS, AUDREY B. 5905 NW 96TH DRIVE PARKLAND, FL 33076			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ST GAJUS, WILLIAM 5905 NW 96TH DRIVE PARKLAND, FL 33076			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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:  <b>2/24/06</b> <b>954-345-1900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					