

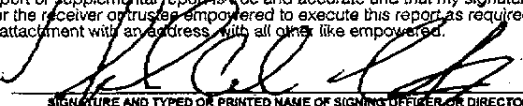


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M41198 1. Entity Name SEVEN J CORPORATION			
Principal Place of Business 26100 SW 112TH AVENUE HOMESTEAD, FL 33032		Mailing Address 26100 SW 112TH AVENUE HOMESTEAD, FL 33032	
DO NOT WRITE IN THIS SPACE			
		01202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2753430	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRITZ, JOHN CALVIN 26100 SW 112 AVE. MIAMI, FL 33032		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DV		
NAME	FRITZ, JEFFREY ERROL		
STREET ADDRESS	8343 NW 145 TERRACE		
CITY-ST-ZIP	MIAMI LAKES, FL 33016		
TITLE	DP		
NAME	FRITZ, JOHN CALVIN		
STREET ADDRESS	10950 SW 27 ST		
CITY-ST-ZIP	DAVIE, FL 33328		
TITLE	DS		
NAME	FRITZ, JAMES LOUIS		
STREET ADDRESS	8527 SOUTH I-25		
CITY-ST-ZIP	CASTLE ROCK, CO 80109		
TITLE	DAS		
NAME	FRITZ FLOYD, JENNIFER		
STREET ADDRESS	9729 NORTH GRAND DUKE CIRCLE		
CITY-ST-ZIP	TAMARAC, FL 33321		
TITLE	DT		
NAME	FRITZ, JACK STEPHEN		
STREET ADDRESS	16801 SW 78TH PLACE		
CITY-ST-ZIP	MIAMI, FL 33157		
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: 		Date 1/23/06 Daytime Phone # 305-258-3411	