2008 FOR PROFIT-SORPORATION ANNUAL REPORT

DOCUMENT # M83642

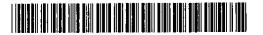
I. Entity Name

J.A.J. CORPORATION OF BELLINGHAM, INC.



FILED
Mar 17, 2008 08:00 A
Secretary of State

Principal Place of Business 520 E OLYMPIA AVE PUNTA GORDA, FL 33950 Mailing Address 520 E OLYMPIA AVE PUNTA GORDA, FL 33950



CR2E034 (11/05)

Applied For

\$8.75 Additional

Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

GARRARD, THOMAS W 520 E OLYMPIA AVE PUNTA GORDA, FL 33940

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating)						DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution			\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATURZO, ARTURO G 10 STONEHEDGE ROAD BELLINGHAM, MA 02019						
NAME STREET ADDRESS CITY-ST-ZIP	DV BOGIGIAN, JOHN 220 COURTLAND ST. HOLLISTON, MA 017461444		:		00000 04/02/08	10858571 3-80026-0	17 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DST ALEXANDER, JOSEPH 113 FEDERAL ST. BLACKSTONE. MA 015041390	,		DO	NOT W	VRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		المسلمان ال المسلمان المسلمان ال	ou	- 3. (3) bys (3)			
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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 roceiver 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.							

THE ARTURO G. PATURES

TED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

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