2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# N03000007533

Entity Name: CJJJT, INC.

Current Principal Place of Business:

GRISSOM BLVD.
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

POB 322
TITUSVILLE, FL 32781 US

New Mailing Address:

FEI Number: 81-0647744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHONE, T A
5958 WINDOVER WAY
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PITTS, JIMMY
Address: 14 RIVER RIDGE DR
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: TREA ( ) Delete
Name: O'CONNER, JOSEPH X
Address: 5260 ANDOVER ST
City-St-Zip: COCOA, FL 32927 US

Title: SEC ( ) Delete
Name: MCLEOD, JENNIFER G
Address: 1375 WAR EAGLE BLVD
City-St-Zip: TITUSVILLE, FL 32976 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GRAZIANO, DANIEL
Address: 5481 CARRICK
City-St-Zip: COCOA, FL 32927 US

Title: TREA (X) Change ( ) Addition
Name: MALLOY, PAUL
Address: 3700 CARTER RD
City-St-Zip: MIMS, FL 32754 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: CARSWELL, JOHN
Address: 146 CEDAR
City-St-Zip: COCOA BEACH, FL 32931 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T A MAHONE RA 01/04/2005

Electronic Signature of Signing Officer or Director — Date