


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000003820 1. Entity Name AJ FOUNDATION, INC.	
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Principal Place of Business 6241 SW 56TH CT DAVIE, FL 33314	Mailing Address 6241 SW 56TH CT DAVIE, FL 33314
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03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
55-0879886

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WASSERMAN, ROBERT 6241 SW 56TH CT DAVIE, FL 33314

**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 _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000553994
05/24/06-80004-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASSERMAN, CARRIE L 6241 SW 56TH CT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAYZEL, EVA 4245 FARMERSVILLE CT EASTON, PA 18045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WASSERMAN, ROBERT 6241 SW 56TH CT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06

Date

754 585 6076

Daytime Phone #