2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002937

Name:

Address:

City-St-Zip:

CAMPBELL, RÉGINALD

ORLANDO, FL 32739

5572 LONG IRON DR - # 2436

FILED Apr 26, 2006 Secretary of State

Entity Nan	ne: WAJJ.	COM, INC.						
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	GDALE DR , FL 32828							
Current Mailing Address:				New Maili	New Mailing Address:			
302 LEXINGDALE DR. ORLANDO, FL 32828					302 LEXINGDALE DRIVE ORLANDO, FL 32828			
FEI Number:		FEI Number	Applied For ()	FEI Number Not Appl	icable (X)	Certificate of Status Desir	red ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
ORLANDO	GDALE DR , FL 32828 named enti	US	statement for the pu	urpose of changing i	ts registered	office or registered agent	t, or both,	
SIGNATUR								
	Elect	ronic Signature	of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CEOP DAVIDSON, 302 LEXING ORLANDO,	DALE DR.		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	V DAVIDSON, 302 LEXING ORLANDO,	DALE DR.		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	S TILLMAN, S 10975 NOR ORLANDO,	CROSS CIR		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	T HILL, CYNTI 1917 STONI ORLANDO,	E ABBD BLVD		Title: Name: Address: City-St-Zip:	T (DAVIDSON, A 302 LEXINGE ORLANDO, F	ALE DRIVE		
Title:	Т	(X) Delete		Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANGELA DAVIDSON **CEOP** 04/26/2006