
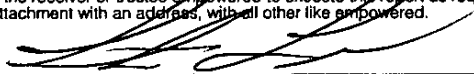


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90143 050 ***150.00

DOCUMENT # P0000045414			
1. Entity Name GAZJAX, INC.			
Principal Place of Business 21301 POWERLINE ROAD SUITE 312 BOCA RATON, FL 33433		Mailing Address 21301 POWERLINE ROAD SUITE 312 BOCA RATON, FL 33433	
2. Principal Place of Business		3. Mailing Address P.O. Box 11229	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Knoxville, TN	
Zip	Country	Zip 37939	Country
6. Name and Address of Current Registered Agent BLALOCK LANDERS WALTERS & VOGLER PA 802 11TH STREET WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
FL		FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, STEVEN <input type="checkbox"/> Delete 21301 POWERLINE RD SUITE #312 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 3/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Steven Levin, President		Daytime Phone #	

20029201



02282005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3644163 Applied For Not Applicable

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