

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90359 021 ***150.00

DOCUMENT # P0000071388

1. Entity Name
MHHJ, INC.



Principal Place of Business
**1316 W. INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH, FL 32114**

Mailing Address
**1316 W. INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH, FL 32114**

00041180



2. Principal Place of Business
2743 South Ridgewood Ave.
 Suite, Apt. #, etc.

3. Mailing Address
2743 South Ridgewood Ave.
 Suite, Apt. #, etc.

02272005 Chg-P CR2E034 (10/03)

City & State
South Daytona, Florida

City & State
South Daytona, Florida

Zip
32119

Country
USA

Zip
32119

Country
USA

4. FEI Number
59-3690484

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NERI, VINCENT J
 1316 W. INTERNATIONAL SPEEDWAY BLVD.
 DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name
Vincent J. Neri

Street Address (P.O. Box Number is Not Acceptable)
2743 South Ridgewood Avenue

City
South Daytona

FL Zip Code
32119

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 **Vincent J. Neri PSTD** DATE **April 17, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$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	PSTD NERI, VINCENT J 33 FRONTIER DRIVE PALM COAST, FL 32137 <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: **Vincent J. Neri** DATE: **Apr 17, 2005** DAYTIME PHONE #: **386-446-4227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR