

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085313

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** BEJS MEDICAL MARKETING CORPORATION

**Current Principal Place of Business:**

2225 MACADAMIA STREET  
ST JAMES CITY, FL 33956

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 765  
BROOKFIELD, WI 53008

**New Mailing Address:**

**FEI Number:** 65-1037869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMES, SAMUEL J PRES.  
2225 MACADAMIA ST  
ST JAMES CITY, FL 33956 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: AMES, SAMUEL J PRES.  
Address: 2225 MACADAMIA ST  
City-St-Zip: ST JAMES CITY, FL 33956

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SAMUEL J. AMES

PRES

01/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date