2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P00000115330 1. Entity Name 04-24-2006 90425 030 ***150.00 DJ NAC, INC. Principal Place of Business Mailing Address 12456 MONTOUR ST. BROOKSVILLE FL 34613 190 CHAMPION DR. **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3688436 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFREYS, NEVA JEAN Street Address (P.O. Box Number is Not Acceptable) 12456 MONTOUR ST. **BROOKSVILLE FL 34613** Zip Code City 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 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Jeremy David Jefferys 11457 Peaceful AVENUE TITLE ☐ Delete TITLE JEFFERYS, DANIEL ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 12456 MONTOUR ST. Brooksville FL 34613 CITY-ST-7IP CITY-ST-ZIP **BROOKSVILLE FL 34613** ☐ Change TITLE ☐ Delete TITLE Addition NAME JEFFERYS, JOSHUA JAMES NAME STREET ADDRESS STREET ADDRESS 12456 MONTOUR ST. CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** ☐ Delete ☐ Change Addition TITLE NAME NAME JEFFERYS, NEVA JEAN STREET ADDRESS STREET ADDRESS 12456 MONTOUR ST. CITY-ST-ZIP CITY-ST-7IP **BROOKSVILLE FL 34613** THLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11

Neva J. Tefferys 04-11-06 353/596-9528-

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 10

FILED