
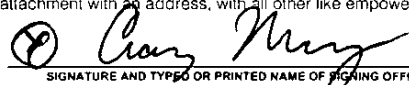


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 016 ***150.00

DOCUMENT # P01000003582					
1. Entity Name ANJAN ENTERPRISES, INC.					
Principal Place of Business 560 BOUGAINVILLEA LN VERO BEACH, FL 32963			Mailing Address 560 BOUGAINVILLEA LN VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-1067097				Applied For Not Applicable	
5. Additional Fees \$8.75				Additional Fees \$8.75	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MURRAY, CRAIG 560 BOUGAINVILLEA LN VERO BEACH, FL 32963			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D	NAME MURRAY, CRAIG	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 560 BOUGAINVILLEA LN	VERO BEACH, FL 32963				
CITY - ST - ZIP	VERO BEACH, FL 32963				
TITLE VP	NAME TUCKER, DIANA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 560 BOUGAINVILLEA LN	VERO BEACH, FL 32963				
CITY - ST - ZIP	VERO BEACH, FL 32963				
TITLE _____	NAME _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	_____				
CITY - ST - ZIP	_____				
TITLE _____	NAME _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	_____				
CITY - ST - ZIP	_____				
TITLE _____	NAME _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	_____				
CITY - ST - ZIP	_____				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		2-28-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			