2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 14, 2007 08:00 AM **DOCUMENT # P01000010400 Secretary of State** 1. Entity Name DJS INVESTMENTS, INC. Principal Place of Business Mailing Address P.O. BOX 43 P.O. BOX 43 BOCA RATON, FL 33429 BOCA RATON, FL 33429 CR2E034 (11/05) 02282007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1074491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TALERICO, DINA M DO NOT WRITE C/O LERNER & KLISTON, CPA 8211 W BROWARD BLVD, STE 375 IN THIS SPACE PLANTATION, FL 33324 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) 03/23/07-80050-011 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TALERICO, DINA M NAME STREET ADDRESS 8211 W BROWARD BLVD, STE 375 CITY-ST-ZIP PLANTATION, FL 33324 NAME STREET ADDRESS CiTY-ST-7iP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR