2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000042631

1. Entity Name
H.A.J. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
525 FIREFLY LANE	525 FIREFLY LANE
APOLLO BEACH, FL 33572 US	APOLLO BEACH, FL 33572 US

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)

4. FEI Number   ☐ Applied For
59-3723435   ☐ Not Applicab!

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

6. Name and Address of Current Registered Agent

HARES, KIM J
525 FIREFLY LANE
APOLLO BEACH, FL 33572

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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)   DATE

U000005438857
05/11/06-80012-014 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PDS
NAME	HARES, KIM J
STREET ADDRESS	525 FIREFLY LANE
CITY - ST - ZIP	APOLLO BEACH, FL 33572

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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

SIGNATURE: _____ Kim J Hares   4/28/06   (613)431-386.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #