2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

FILED Apr 18, 2008 08:00 A te

DOCU 1. Entity Nam DHJ, INC		6			Secretary of Sta
. 11450 WING	GFOOT DRIVE	lailing Address P.O. BOX 470 CLAYMONT, DE 19703 US		1 (400) (100 (100) (100) (100) (100) (100)	
r	O NOT WRITE II	N TUIC CDA	^=	01222008 No Chg-P	CR2E034 (11/05)
L .	6. Name and Address of Current Regis). 	4. FEI Number 65-1109003 5. Certificate of Status Desire	Applied For Not Applicable d S8.75 Additional Fee Required
11350 WIN	DONALD H NG FOOT DRIVE N BEACH, FL 33437	•		DO NOT N IN THIS S	
the obligat	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and little E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		ad Agent signature required		Florida. I am familiar with, and accept DATE
10.	OFFICERS AND DIRE	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAFFEY, DONALD H 11350 WING FOOT DR. BOYNTON BEACH, FL 33437				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00905704 18-80064-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT I	WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				in this s	PACE
TITLE NAME Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1			
12. I hereby of indicated of the corporated changed,	certify that the information supplied with this for this report of supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all	ling does not qualify for the ex- and accurate and that my signa d to execute this report as regul other like empowered.	emptions contained ture shall have the s red by Chapter 607	in Chapter 119, Florida Statutes ame legal effect as if made und Florida Statutes; and that my no	s. I further certify that the information er oath; that I am an officer or director ame appears in Block 10 or Block 11 if

4-10-08