

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000106547</b> 1. Entity Name BJW ADVERTISING, INC.			
Principal Place of Business 13343 BURTON TERR WELLINGTON, FL 33414		Mailing Address 13343 BURTON TERR WELLINGTON, FL 33414	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1155474	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  FLYNN, DENNIS P 3898 VIA POINCIANA, SUITE 13 LAKE WORTH, FL 33467		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000134595 04/28/04-80024-024 150.00
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAHM, BARRY 13343 BURTON TERR WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAHM, JACQUELINE 13343 BURTON TERR WELLINGTON, FL 33414		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 so attachment with an address, with all other like empowered.			
SIGNATURE: <u>Jacqueline Brahm</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/24/04</u> Daytime Phone # <u>561-683-3355</u>	