## 2006 FOR PROFIT CORPORATION

## FILED Apr 26, 2006 08:00 AN ANNUAL REPORT **Secretary of State DOCUMENT # P01000119636** 1. Entity Name TJ RECORDS, INC. Mailing Address Principal Place of Business 3015 N. OCEAN BLVD. 3015 N. OCEAN BLVD. SUITE #109 SUITE #109 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 04212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FÉi Number 38-3641424 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WRIGHT, JOHN B DO NOT WRITE 6301 SW 3RD STREET MARGATE, FL 33368 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE WRIGHT, JOHN B NAME U000005357<del>9</del>3 6301 SW 3RD STREET STREET ADDRESS 05/08/06-80065-021 150.00 MARGATE, FL 33368 CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP शरा ह NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO