2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000017213

1. Entity Name

DJA & ASSOCIATES, INC.



Principal Place of Business

3020 S FLORIDA AVE

STE 101

LAKELAND, FL 33803

Mailing Address

3020 S FLORIDA AVE

STE 101

LAKELAND, FL 33803

FILED Feb 22, 2007 08:00 AN Secretary of State



01242007

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0388386

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, R PATRICK 200 N THORTON AVE ORLANDO, FL 32801-2164

SIGNATURE: _

SIGNATORE AND TYPED OR

DO NOT WRITE IN THIS SPACE

 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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fir			-		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, DAVID J 3020 S FLORIDA AVE STE 101 LAKELAND, FL 33803			٠.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE NAME STREET ADDRESS CITY-ST-ZIP						U00000644497 03/02/07-80045-005 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 flue 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.						

RINTED NAME OF SIGNING OFFICER OR DIRECTOR