

ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000034006		
1. Entity Name CJ INVESTMENT PROPERTIES, INC.		

Principal Place of Business 6694 SOUTH CALUMET CIRCLE LAKE WORTH FL 33467	Mailing Address 6694 SOUTH CALUMET CIRCLE LAKE WORTH FL 33467
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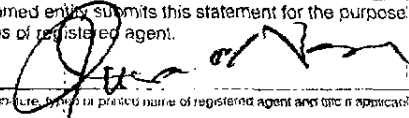
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 30-0070669	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HANSEN, JUDENE A 6694 SOUTH CALUMET CIRCLE LAKE WORTH FL 33467
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reconstituting) DATE

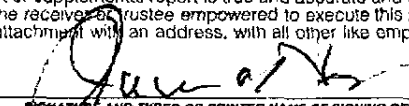
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	☐ Delete	
NAME	HANSEN, CHARLES F JR	
STREET ADDRESS	6694 SOUTH CALUMET CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	☐ Delete	
NAME	HANSEN, JUDENE A	
STREET ADDRESS	6694 SOUTH CALUMET CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change ☐ Addition	
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 Section 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:  2/13/06 561 689-8349