


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-26-2007 90073 025 ***150.00

DOCUMENT # P03000005927 1. Entity Name LAJ CONNECTION, INC.	
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Principal Place of Business 2438 ORSOTA CIRCLE OCOE, FL 34761	Mailing Address 2438 ORSOTA CIRCLE OCOE, FL 34761
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-P CR2E034 (11/05)

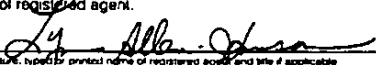
4. FEI Number 30-0152518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ALLEN-JOHNSON, LYNN M
2438 ORSOTA CIRCLE
OCOE, FL 34761

**DO NOT WRITE
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:  DATE: 3/14/07

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

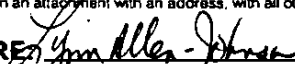
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALLEN-JOHNSON, LYNN M
STREET ADDRESS	2438 ORSOTA CIRCLE
CITY - ST - ZIP	OCOE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:  LYNN ALLEN-JOHNSON DATE: 4/2/07 DAYTIME PHONE #: 407-230-1603

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR