2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 A Secretary of State **DOCUMENT # P03000058448** 1. Entity Name A.J.H. CORPORATION Principal Place of Business Mailing Address 13702 LAVENDER LANE 13702 LAVENDER LANE WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1593056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLEMAN, A.J. DO NOT WRITE 13702 LAVENDER LANE WEST PALM BEACH, FL 33414 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME HOLEMAN, A.J. STREET ADDRESS 13702 LAVENDER LANE CITY-ST-ZIP WEST PALM BEACH, FL 33414 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-782

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 of 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 an address, with particle if the empowered.

SIGNAT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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