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SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:47

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106228

1. Entity Name
SBJ HOLDINGS, INC.

200076106762
06/12/06--01049--004 **250.00

01122006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
C/O DAVID ALLEN WEBSTER 1936 LEE ROAD, STE. 101 WINTER PARK, FL 32789	C/O DAVID ALLEN WEBSTER 1936 LEE ROAD, STE. 101 WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
450 N. Wymore Road	450 N. Wymore Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park Florida	City & State: Winter Park Florida
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 90-0154214 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
W & P SERVICES, INC. 1936 KEE RIAD SUITE 101 WINTER PARK, FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) 450 N. Wymore Road City: Winter Park FL Zip Code: 32789

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CHARTOUNI, NABIL C/O 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	450 N. Wymore Road Winter Park Fl 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT VAGHADIA, VINOD C/O 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	450 N. Wymore Road Winter Park FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHARTOUNI, CAMERON C/O 1936 LEE RD., STE. 101 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	450 N. Wymore Road Winter Park FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAPWOOD, CAROL 1936 LEE RD., STE. 101 WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	450 N. Wymore Road Winter Park, FL 32789	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: V. VAGHADIA 21 APR 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #