2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90049 010 ***150.00

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1. Entity Name
OSJ, INC.

40052682

Principal Place of Business	Mailing Address
783 S. DEERFIELD AVE. DEERFIELD BEACH, FL 33441 US	783 S. DEERFIELD AVE. DEERFIELD BEACH, FL 33441

03142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		c/o TAX HELP INC. 1730 S. FEDERAL HWY.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 260	
City & State		City & State DELRAY BEACH, FL.	
Zip	Country	Zip 33483	Country USA

4. FEI Number 20-0585539 ☐ 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
OLE, JONES S 6845 BIANCHINI CR. BOCA RATON, FL 33433	Name TREMBLAY, W. J. Street Address (P.O. Box Number is Not Acceptable) 1730 S. FEDERAL HWY. STE. 260 City DELRAY BEACH FL Zip Code 33483

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 W. J. Tremblay (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) 03/23/07 DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	P JONES, OLE S 6845 BIANCHINI CIRCLE BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD	☒ Change ☐ Addition
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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: [signature] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 3/23/07 Date 954-422-8199 Daytime Phone #