



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000009397 1. Entity Name MJW INVESTMENTS, INC.			
Principal Place of Business 5400 BATES ST SEMINOLE, FL 33772		Mailing Address 5400 BATES ST SEMINOLE, FL 33772	
DO NOT WRITE IN THIS SPACE			
			
		04242006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0579972	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUSA, SUSAN A 5400 BATES ST SEMINOLE, FL 33772		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: _____ (NOTE: Registered Agent 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE _____
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SOUSA, SUSAN A 5400 BATES ST SEMINOLE, FL 33772		
TITLE NAME STREET ADDRESS CITY ST ZIP	D WHITMAN, SHELLEY H 6100 ST ANDREW CT PONTE VEDRA BCH, FL 32082		
TITLE NAME STREET ADDRESS CITY ST ZIP	D WHITMAN, MARC D 1615 W DYNAMITE LN SPOKANE, WA 99224		
TITLE NAME STREET ADDRESS CITY ST ZIP	D WHITMAN, MARTHA L 1485 HOLLY LAKE CIR SNELVILLE, GA 30078		
TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE 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 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: <u>Susan A. Sousa</u> SUSAN A. SOUSA		4/26/06 (727) 450-4269	