2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # P04000123937 1. Entity Name E J R ENTERPRISES ASSOCIATES, INC.					Tuesday.		90171 016 ***15	0.00
Principal Place of Business 16528 N DALE MABRY HWY TAMPA, FL 33618		Mailing Address P O BOX 2485 TAMPA, FL 33595			1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		M (1815)7585 7716 1816 1877 1888	PREL IN FINEL
Principal Place of Business		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			01172006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number 75-3165	 627		plied For at Applicable
Zip	Country Zip Co		Country	у	5. Certificate of	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
SANDERS, WALTER			_	Name Street Address (P.O. Box Number is Not Acceptable)				
16528 N DALE MABRY HWY TAMPA, FL 33618			-		is (P.O. Box Number	IS NOT Acceptable	·}	
			<u> </u>	City			Zip Cod	
				——————————————————————————————————————			FL Zip Cool	
	enamed entity submits this statement fitions of registered agent.	or the purpose of changing its		tter Sc	anders	in the State of Flo	-11-06	and accept
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	E: Registerea /	Agent signature requ	ured when reinstating)	-	OATE	
FIL	Signature, typed or printed name of registered agen E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai	ign Financ	zing \$	55.00 May Be		OATE	
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Cont	ign Financ	zing \$	55.00 May Be added to Fees	HANGES TO OFF	OATE	S IN 11
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12. I hereby certify that the information supplied with this filling 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 the 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 withligh process, with all other like empowered.

SIGNATURE:

HONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

106 813-640-63