2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90098 003 ***150.00

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1. Entity Name
AJF VENTURES, INC.

Principal Place of Business	Mailing Address
2035 PHILIPPE PARKWAY #24 SAFETY HARBOR, FL 34695	2035 PHILIPPE PARKWAY #24 SAFETY HARBOR, FL 34695

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1530 McMULLEN BOOTH RD.		1530 McMULLEN BOOTH RD.	
Suite, Apt. #, etc.: UNIT D-10		Suite, Apt. #, etc.: UNIT D-10	
City & State: CLEARWATER FL 33759		City & State: CLEARWATER FL	
Zip: 33759	Country: USA	Zip: 33759	Country: USA

4. FEI Number: 20-1641791 ☐ 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
FEINBERG, ANDREW J 2035 PHILIPPE PARKWAY #24 SAFETY HARBOR, FL 34695	Name: FEINBERG, ANDREW J Street Address (P.O. Box Number is Not Acceptable): 1530 McMULLEN BOOTH RD. City: CLEARWATER FL Zip Code: 33759

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: [signature] 4/7/6
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

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	D FEINBERG, ANDREW J 2035 PHILIPPE PARKWAY #24 SAFETY HARBOR, FL 34695	☐ 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
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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] ANDY FEINBERG 4/7/6 727-724-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #