


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

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

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| DOCUMENT # P04000146877 |  |
| 1. Entity Name LJD ENTERPRISES INC. | |

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| Principal Place of Business 3306 ABEL AVE PACE, FL 32571 | Mailing Address 3306 ABEL AVE PACE, FL 32571 |
|--|--|

DO NOT WRITE IN THIS SPACE



04222006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| A. FEI Number 20-2082610 | 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

**DAVIS, LINDA
3306 ABEL AVE
PACE, FL 32571**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 | 000007549619 05/13/06-80028-022 150.00 |
|---|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, JAMES 3306 ABEL AVE PACE, FL 32571 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, LINDA 3306 ABEL AVE PACE, FL 32571 |
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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: Linda Davis Linda Davis owner 4-27-06 (850) 516-5398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #