

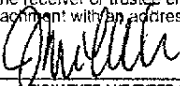


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158535			
1. Entity Name AJS INC			
Principal Place of Business 3620 NE 175TH ST RD CITRA, FL 32113 US		Mailing Address PO BOX 637 CITRA, FL 32113 US	
DO NOT WRITE IN THIS SPACE			
			
		01182006 No Chg-P CR2E034 (11/05)	
4. FEI Number 27-0109987		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEHEW, JACK A 3820 NORTHDAL BLVD SUITE 205D TAMPA, FL 33624-1881		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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENS, JAMES L 5348 SE 15TH CT OCALA, FL 34480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMENS, ELISE L 5348 SE 15TH CT OCALA, FL 34480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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:  JAMES L. CLEMENS		1-25-06 352 216 7102 <small>Date Daytime Phone #</small>	