Г	2006 FOR PROFIT CORPORATION ANNUAL REPORT						FILED Jan 23, 2006 8:00 am Secretary of State			
ļ	DOCUMENT # P04000169954 1. Entity Name AEJ PROPERTY INVESTMENTS INC.						01-23-2006 90	0124 016 ***1	50.00	
	Principal Piace 1 <del>525 FOX CR</del> SARASOTA, F	EEK	Mailing Address 1 <del>525 FOX CREE</del> K SARASOTA, FL-34240						1111 <b>21070 21 11 10 21</b>	
	2. Principal P 4308 Suite, Apt.	ace of Business 16th AVE DRIVE E #. etc.	3. Mailing Address <b>4308 56 H AUE DR E</b> Suite, Apt. #, etc.			01172006 Chg-P CR2E034 (11/05)				
F	BRAA	ENTON FL	BRADEWTON	FL		4. FEI Numbe 20-2040			Applied For Not Applicable	
Γ	3420	23 " Country MANATEE	Zip 34203 /	Country MANATES	. !	5. Certificate o	of Status Desired	See Re	Additional quired	
-		6. Name and Address of Current	Registered Agent	Name HES Street Addre	7	7. Name and Address of New Registered Agent				
		OND STREET			EXAL ddress (P.C	ANER JUREWICZ. (P.O. Box Number is Not Acceptable)				
	SUITE 745	A. FL. 34236		430	P	564 1	AVE BR	NEE		
		City Brat						FL <sup>Zip</sup>	84203	
	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or b the obligations of registered agent. <i>ALEXANS &amp; JUREWICZ</i> SIGNATURE Signature, typed or product agent agent and the it applicable. (NOTE: Registered Agent signature required when reinstating)						n, in the State of Flo	rida. 1 am familiar / 0 6 DATE	with, and accept	
		E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.0 Added	0 May Be to Fees		•	÷ .	
-	10.	OFFICERS AND		11. TITLE		ADDITIONS/0	CHANGES TO OFF	CERS AND DIREC		
	NAME Street Address City-st-zip	JUREWICZ, ALEXANDER 1525 FOX CREEK SARASOTA, FL 34240		NAME STREET ADDRESS CITY-ST-ZIP			th Ave Dre du FC	INE E		
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Cha	inge 🗌 Addition	
ſ	TITLE NAME STREET ADDRESS CITY-ST-2IP		Delete	TITLÉ NAME STREET ADDRESS CITY-ST-ZIP				-Cha	nge 🔲 Addition	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP				Cha	inge [ Addition	
ſ	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Cha	nge 🗋 Addition	
	TITLE ANAME TO ANALSS STREET ADDRESS CITY ST- ZIP		Delete	TITLE STALET ADDRESS STALET ADDRESS CITY ST. ZIP				Cha	nge 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.									
	SIGNAT	URE:	RINTED NAME OF SIGNING UFFICER OR	DIRECTOR			Date 16	Daytime Phe	one #	