

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002006

Entity Name: E.D.J.S. INVESTMENTS INC.

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

4485 SW PORT WAY  
PALM CITY, FL 34990

## New Principal Place of Business:

2255 SE SEAGRASS DR.  
PALM CITY, FL 34990

## Current Mailing Address:

4485 SW PORT WAY  
PALM CITY, FL 34990

## New Mailing Address:

2255 SE SEAGRASS DR.  
PALM CITY, FL 34990

FEI Number: 75-3178156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALDERONE, DOMENICK  
4485 SW PORT WAY  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

CALDERONE, DOMENICK  
301 SW CASINE CT.  
PALM CITY, FL 34990 US

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.

SIGNATURE:

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALDERONE, DOMENICK  
Address: 301 SW CASINE CT.  
City-St-Zip: PALM CITY, FL 34990

Title: VP ( ) Delete  
Name: KOSTEVA, EDWIN T  
Address: 114 B WOLFE HILL RD.  
City-St-Zip: BERWICK, PA 18603

Title: T ( ) Delete  
Name: KOSTEVA, JANE E  
Address: 114 B WOLFE HILL RD.  
City-St-Zip: BERWICK, PA 18604

Title: S ( ) Delete  
Name: KOSTEVA, SARA F  
Address: 10544 WHOOPING CRANE WAY  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: KOSTEVA, SARA F  
Address: 100 S. VALLEY RD. APT 1A  
City-St-Zip: PAOLI, PA 19301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN T KOSTEVA

VP

04/24/2006

Electronic Signature of Signing Officer or Director

Date