


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90015 035 \*\*\*150.00

<b>DOCUMENT # P05000002444</b>		
1. Entity Name BJOY, INC.		

Principal Place of Business 540 JEFFERSON DR UNIT 106 DEERFIELD BCH, FL 33442-9458	Mailing Address 540 JEFFERSON DR UNIT 106 DEERFIELD BCH, FL 33442-9458
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2. Principal Place of Business - No P.O. Box # <u>22850 Chelsea Woods CT</u>	3. Mailing Address <u>22850 Chelsea Woods CT</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Boca Raton, FL</u>	City & State <u>Boca Raton FL</u>
Zip <u>33433</u>	Country
Country	Zip <u>33433</u>
Country	Country

6. Name and Address of Current Registered Agent	
FINIZIO, PAUL G 106 SE 9TH ST FT LAUDERDALE, FL 33316	

40012445



01162008 Chg-P CR2E034 (12/06)

4. FEI Number 20-2165163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT WEXLER, BRANDON R 540 JEFFERSON DR UNIT 106 DEERFIELD BCH, FL 334429458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS COHEN, MELISSA J 540 JEFFERSON DR UNIT 106 DEERFIELD BCH, FL 334429458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WEXLER, BRANDON 22850 Chelsea Woods Court Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WEXLER, MELISSA 22850 Chelsea Woods Court Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X [Signature] 1/25/08 561-400-5054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #