2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 19, 2008 8:00 am Secretary of State DOCUMENT # P05000002488 1. Entity Name 05-19-2008 90033 044 ***150.00 B.J.T. MANAGEMENT SERVICES INC. Principal Place of Business Mailing Address 10115 W SUNRISE BLVD 320 N.W. 1719 *10115 W SUNRISE BLVD #205 #205Terrace, Pompago PLANTATION, I PLANTATION, FL 33322 Och Fla 33060 01022008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2110796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, BRENDA'L DO NOT WRITE 320 N.W. 17th Tempace 10115-W SUNRISE BLOD PLANTATION, FL 33322 Pompano Bch, Fla 33069 IN THIS SPACE 8. The above named entity supmits 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. Signature, typed or printed natural of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 1 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TAYLOR, BRENDA J NAME 320 N.W. ITP Terrace STREET ADDRESS 10115 W-SUNRISE BLVD #205. PLANTATION, FL 33322 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 th all other like empowered.

SIGNATURE

CITY-ST-ZIP

FILED