


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000024469 1. Entity Name AJ & J PROPERTY INVESTMENT, CORPORATION	
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FILED

08 SEP 17 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4929 RIVER SHORE DR TAMPA, FL 33603	Mailing Address 4929 RIVER SHORE DR TAMPA, FL 33603
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 2344 CROSTOVIE LANE Suite, Apt. #, etc. 0106 # 7
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09102008 Chg-P CR2E034 (12/06)

City & State Wesley Chapel, FL	City & State Wesley Chapel, FL	4. FEI Number 20-2393579	Applied For Not Applicable
Zip 33544	Country USA	Zip 33544	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
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6. Name and Address of Current Registered Agent

JACOBS, ANTHONY
4929 RIVER SHORE DR
TAMPA, FL 33603

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete FREYERE, HILTON J JR 4929 RIVER SHORE DR TAMPA, FL 33603
TITLE	DST <input type="checkbox"/> Delete JACOBS, ANTHONY 4929 RIVER SHORE DR TAMPA, FL 33603
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete
TITLE	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000136159430 09/19/08--01045--002 **150.00
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	_____ <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: *H.J. Freyre* **H.J. Freyre** **09/19/08**

Date Daytime Phone #