

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90089 049 ***150.00

DOCUMENT # P05000083591 1. Entity Name KJ&G MANAGEMENT, INC																											
Principal Place of Business 11295 NW 71 COURT PARKLAND FL 33076		Mailing Address 11295 NW 71 COURT PARKLAND FL 33076																									
2. Principal Place of Business 11295 NW 71st Ct. Suite, Apt. #, etc.		3. Mailing Address 11295 NW 71st Suite, Apt. #, etc. Parkland																									
City & State Parkland FL		City & State Parkland, FL																									
Zip 33076	Country US	Zip 33076	Country US																								
6. Name and Address of Current Registered Agent DECHENE, JAMES E 11295 NW 71 COURT PARKLAND FL 33076		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 <u><i>James E. DeChene</i></u> (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable.																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DECHENE, JAMES E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11295 NW 71 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PARKLAND FL 33076</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DECHENE, JAMES E		STREET ADDRESS	11295 NW 71 COURT		CITY-ST-ZIP	PARKLAND FL 33076		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James E. DeChene* **5/1/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #