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## JANI E. MAURER

Attorney and Counselor at Law
500 N.E. Spanish River Boulevard • Suite 27
Boca Raton, Florida 33431-4517

Admitted in New York and Florida

January 19, 2007

Tel. No. (561) 392-4142 Fax . No. (561) 392-2063

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Florida Department of State Division of Corporations P.O. Box 6307 Tallahassee, Florida 32314

Re: WGTJ, Inc.

Dear Sir or Madam:

Enclosed for filing on behalf of the captioned corporation please find a Statement of Change of Registered Office or Registered Agent and a cover letter. Also enclosed is a check in the sum of \$35.00 in payment of the filing fee.

Thank you for your assistance. Please direct any questions to the undersigned.

Sincerely,

Jani E. Maurer

JEM/lrs encls.

cc: Ms. Gail Anderson

DY JAN 23 AM 8: 00

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida Statutes, this in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WGTJ, Inc.  2. The principal office address: 2951 SE Dominica Terrace  SHUART, FL 34997
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/15/2005 Document number: P050008603.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  Gail P. Anderson  5582 Bermuda Dunes Circle  Lake Worth, Ft 33463
6. The name and street address of the new registered agent (if changed) and /or registered office    Jani E. Maurer
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.  (Signature of an officer or director)  (Frinted or typed name and title)  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  (Signature of Registered Agent)  If signing on behalf of an entity:
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)