


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90205 019 \*\*\*150.00

<b>DOCUMENT # P05000091089</b> 1. Entity Name <b>SASJA CORPORATION</b>					
Principal Place of Business <b>503 SHORE DRIVE</b> <b>TOWNBANK, NJ 08204 US</b>			Mailing Address <b>503 SHORE DRIVE</b> <b>TOWNBANK, NJ 08204 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>NEWTON, DOUGLAS M</b> <b>2745 SEA GROVE LANE</b> <b>FERNANDINA BEACH, FL 32034</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>87-0750865</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renating)</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be</b> <b>Added to Fees</b>			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>P</b> <b>BECKER, SHEILA A</b> <b>503 SHORE DRIVE</b> <b>TOWNBANK, NJ 08204</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>S</b> <b>BECKER, STEVEN</b> <b>503 SHORE DRIVE</b> <b>TOWNBANK, NJ 08204</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>T</b> <b>BECKER, SHEILA A</b> <b>503 SHORE DRIVE</b> <b>TOWNBANK, NJ 08204</b>			TITLE 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 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.					
<b>SIGNATURE: <u>Sheila A Becker President</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>4/17/06</b> <small>Date</small>					
<b>215-534-2461</b> <small>Daytime Phone #</small>					