2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # P05000091472 1. Entity Name 04-25-2008 90137 034 ***150.00 E.W.J. ENTERPRISES, INC. Principal Place of Business Mailing Address 215 MICHIGAN AVE. POB 510157 INDIALANTIC FL 32903 MELBOURNE BEACH FL 32951 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 310 Indian Mound DR Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 81-0674430 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIERBACK, EDWARD J JR. 215 MICHIGAN AVE Street Address (P.O. Box Number is Not Acceptable) INDIALANTIC FL 32903 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 Synature, typed or primod reproduced agent and see if applicable. (NOTE Registered Agent aignature required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE Derete TITLE ☐ Addition WIERBACK, EDWARD J JR. MARAF NAME 310 Indian Mound Dr. 215 MICHIGAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 32903 Melbourne Beach, F1 32951 CITY-ST-7IP TITLE TITLE ☐ Delete Addition WIERBACK, NINA NAME NAME STREET ADDRESS 215 MICHIGAN AVE STREET ADDRESS 310 Indian Mound Dr. CITY-ST-ZIP INDIALANTIC FL 32903 CITY-ST-ZIP Melbourne Beach, F1 32951 TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DUE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS OffY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: