2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 09, 2008 8:00 am Secretary of State **DOCUMENT # P06000006632** 1. Entity Name 04-09-2008 90028 014 ***150.00 BEJEF, INC. Mailing Address Principal Place of Business -1555 PALM BEACH LAKES BOULEVARD-SUITE 920 1109 S. CALGEESS AV **40000010** 1555 PALM BEACH LAKES BOULEVARD SUITE 920 1109 S. CONGRESS AV. WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33407 STED 33406 02152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4164920 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JEFFERS, ELIZABETH W DO NOT WRITE 1556 PALM BEACH LAKES BOULEVARD 1109 S CONGRESSAN SUITEMAN STE D IN THIS SPACE WEST PALM BEACH, FL 33404 33406 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JEFFERS, ELIZABETH W 1109 S. CONGRESS AV NAME 4555 PALM BEACH LAKES BLVD ... SUITE 920 STREET ADORESS CITY-ST-ZIP WEST PALM BEACH, FL 35406 TITLE NAME STREET ADDRESS CITY-ST-7IP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:

FILED