


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 045 ***150.00

DOCUMENT # P06000125291 1. Entity Name ASJ INTERACTIVE INC.						
Principal Place of Business 16409 CYPRESS WATER WAY APT. 409 TAMPA, FL 33624			Mailing Address 16409 CYPRESS WATER WAY APT. 409 TAMPA, FL 33624			
2. Principal Place of Business - No P.O. Box # 16406 CYPRESS WATER WAY Suite, Apt. #, etc. APT 1202 City & State TAMPA, FL Zip 33624		3. Mailing Address 16406 CYPRESS WATER WAY Suite, Apt. #, etc. APT 1202 City & State TAMPA, FL Zip 33624				
4. FEI Number 20-5829393		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02262008 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent GRIFFIN, SANDRA 1006 CORNWALL CT. BRANDON, FL 33510			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P JORGENSEN, AARON 16409 CYPRESS WATER WAY, APT. 409 TAMPA, FL 33624		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16406 CYPRESS WATER WAY APT 1202 TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mary Jorgensen 16406 Cypress Water Way Apt 1202 Tampa, FL 33624	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.						
SIGNATURE: <u><i>Aaron Jorgensen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-6-08 <small>Date</small>		813-833-2764 <small>Daytime Phone #</small>	