

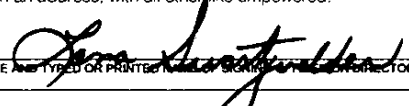


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90049 029 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P07000032699 1. Entity Name LJS HOLDINGS, INC. | | | |  | |
| Principal Place of Business 7 LA TERRAZA LAKELAND, FL 33813 | | | Mailing Address 7 LA TERRAZA LAKELAND, FL 33813 | | |
| 2. Principal Place of Business - No P.O. Box # 6935 S. Carter Road Suite, Apt. #, etc. Suite 5 | | 3. Mailing Address 6935 S. Carter Road Suite, Apt. #, etc. Suite 5 | | 40041146  | |
| City & State Lakeland, FL | | City & State Lakeland, FL | | 4. FEI Number 51-0628952 | |
| Zip 33813 | | Zip 33813 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country USA | | Country USA | | 6. Name and Address of Current Registered Agent SWARTZWELDER, LANA 7 LA TERRAZA LAKELAND, FL 33813 | |
| Name SWARTZWELDER, LANA | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)</small> | |
| 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 | | DATE _____ | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SWARTZWELDER, LANA 7 LA TERRAZA LAKELAND, FL 33813 | | | <input type="checkbox"/> Delete | |
| 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"/> 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"/> 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:  | | | | 3/6/08 863-619-7175 <small>Date Daytime Phone #</small> | |