

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90287 001 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |
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| <b>DOCUMENT # P07000122756</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |
| <b>1. Entity Name</b><br>MJ HOME REPAIR INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |
| <b>Principal Place of Business</b><br>7060 52ND STREET<br>PINELLAS PARK, FL 33781                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                   | <b>Mailing Address</b><br>7060 52ND STREET<br>PINELLAS PARK, FL 33781                                                                                                   |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>7060 52nd St No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        | <b>3. Mailing Address</b><br>7060 52nd St No                                                      |                                                                                                                                                                         |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | Suite, Apt. #, etc.                                                                               |                                                                                                                                                                         |                                                                                                        |  |
| <b>City &amp; State</b><br>Pinellas Park FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        | <b>City &amp; State</b><br>Pinellas Park FL                                                       |                                                                                                                                                                         | <b>4. FEI Number</b><br>25-1419607                                                                     |  |
| <b>Zip</b><br>FL 33781                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | <b>Country</b><br>U.S.A                                                                           |                                                                                                                                                                         | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>JACKIEWICZ, MACIEJ<br>7060 52ND STREET<br>PINELLAS PARK, FL 33781                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                         |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                            |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>JACKIEWICZ, MACIEJ<br>7060 52ND STREET<br>PINELLAS PARK, FL 33781 |                                                                                                   | <input type="checkbox"/> Delete                                                                                                                                         |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |                                                                                                        |  |
| <b>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> |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |
| <b>SIGNATURE:</b> <i>Maciej Jackiewicz</i> <b>PRES.</b> <i>2/07/08</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                   |                                                                                                                                                                         |                                                                                                        |  |

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