2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P08000046449

Entity Name: SJOMAN+BJORN CORPORATION

Current Principal Place of Business:

8332 NW 9TH AVE
CENTRAL PARK
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

8332 NW 9TH AVE
CENTRAL PARK
BOCA RATON, FL 33487

New Mailing Address:

6550 NW 74 DRIVE
PARKLAND, FL 33067

FEI Number: 26-2559981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZSIMMONS, MARK M
8332 NW 9TH AVE
CENTRAL PARK
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

FITZSIMMONS, MARK M
6550 NW 74 DRIVE
PARKLAND, FL 33067 US

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.

SIGNATURE: _____ 04/24/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FITZSIMMONS, MARK M
Address: 8332 NW 9TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: VP ( ) Delete
Name: FITZSIMMONS, MARK M
Address: 8332 NW 9TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: T (X) Delete
Name: FITZSIMMONS, MARK M
Address: 8332 NW 9TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: S (X) Delete
Name: FITZSIMMONS, MARK M
Address: 8332 NW 9TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: CEO (X) Delete
Name: FITZSIMMONS, MARK M
Address: 8332 NW 9TH AVE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FITZSIMMONS P 04/24/2009
Electronic Signature of Signing Officer or Director — Date