2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 18, 2005 08:00 AM **Secretary of State** DOCUMENT # P93000015403 1. Entity Name STJ PROPERTIES, INC. Principal Place of Business Mailing Address PO BOX 126 12551 SR 7 BOYNTON BEACH, FL 33437 RIVERSIDE, MI 49084 01112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0400902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LASALLE, THOMAS L 5353 N FEDERAL HIGHWAY **SUITE 405** IN THIS SPACE FT LAUDERDALE, FL 33308 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, typed or printed name of registored agent and title if applicable (NOTE Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE PTD NAME MONTE, SALVATORE P STREET ADDRESS 3752 RIVERSIDE ROAD CITY-ST-ZIP RIVERSIDE, MI 49084 TITLE MONTE, CONSTANCE J NAME STREET ADDRESS 3752 RIVERSIDE ROAD U00000181733 CITY-ST-ZIP RIVERSIDE, MI 49084 01/19/05-80**0**02-008 150.00 **AITIT** MONTE, ANTHONY J NAME 3752 RIVERSIDE ROAD STREET ADDRESS DO NOT WRITE CITY-ST-ZIP RIVERSIDE, MI 49084 VD IN THIS SPACE MONTE, JOHN S NAME STREET ADDRESS 3752 RIVERSIDE ROAD CITY-ST-ZIP RIVERSIDE, MI 49084 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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