2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 31, 2007 08:00 AM DOCUMENT # P94000040394 **Secretary of State** 1. Entity Name DBKJ, INC. Principal Place of Business Mailing Address 6732 FOREST HILL BLVD. 6732 FOREST HILL BLVD. WEST PALM BEACH, FL 33413 WEST PALM BEACH, FL 33413 01252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0493525 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOSHI, BHARATKUMAR B DO NOT WRITE 6732 FOREST HILL BLVD. WEST PALM BEACH, FL 33413 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE JOSHI, BHARATKUMAR B NAME 6732 FOREST HILL BLVD. STREET ADDRESS WEST PALM BEACH, FL 33413 City-St-Zip TITLE NAME JOSHI, DILIPKUMAR B U00000614269 02/06/07-80019-010 158.75 6732 FOREST HILL BLVD. STREET ADDRESS CITY-ST-78P WEST PALM BEACH, FL 33413 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR