

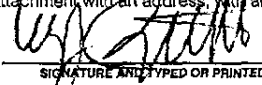


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000002399			
1. Entity Name WJZ ENTERPRISES, INC.			
Principal Place of Business 93 SHADOWCREEK WAY ORMOND BEACH, FL 32174		Mailing Address 93 SHADOWCREEK WAY ORMOND BEACH, FL 32174	
DO NOT WRITE IN THIS SPACE			
		04022005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 57-1013576	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, ROBERT H JR 152 W GRANADA BLVD ORMOND BEACH, FL 32174		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000301393 04/13/05-80029-020 150.00	
TITLE	D		
NAME	ZURSTADT, WILLIAM J		
STREET ADDRESS	93 SHADOWCREEK WAY		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, title, all other like empowered.			
SIGNATURE:  W.J. ZURSTADT		4-7-05 386-673-7112	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	