2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2007 08:00 AM DOCUMENT # P97000072121 --**Secretary of State** 1. Entity Name D.J. GENERAL SERVICE CORP. Principal Place of Business Mailing Address 3000 SOUTH A1A HIGHWAY 3000 SOUTH A1A HIGHWAY P.O. BOX 510935 MELBOURNE BEACH FL 32915 P.O. BOX 510935 MELBOURNE BEACH FL 32915 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, otc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Cily & State City & State 4. FEI Number Applied For 59-3485990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR. Street Address (P.O. Box Number is Not Acceptable) SUITE A TALLAHASSEE FL 32301 City Zip Codo 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 registered agent and fille it coplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete THE ☐ Change ☐ Addition SANDMAN, JACK NAME 000000665538 03/23/07-80030-022 150.00 3000 SOUTH A1A HIGHWAY/ BOX 510935 STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL 32915 CHY-ST-ZIP CITY-ST-ZIP MU ☐ Delete □ Change Addilion NAMI SANDMAN, DOLORES NAME 3000 SOUTH A1A HIGHWAY/BOX 510935 STILL ADDRESS STRUCT ADDRESS MELBOURNE BEACH FL 32915 CHY-SI-ZIP CHY-ST-7P HHI Delete RICE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-ST-ZIP IHU. ☐ Defete HILL ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP DIII ☐ Delele THLE □ Change Addition NAM STRULT ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ппг Addition ☐ Delete TITLE ☐ Change NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY - ST - 7IP

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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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Sandman

3 /2 07 32/- 984-7673

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information