

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089872

Entity Name: CJS FINANCIAL CORP.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

2409 UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

2409 UNIVERSITY DR
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 65-0794893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SMITH, CARL J
Address: 5248 DEERHURST CRESCENT CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: BALLASSARRA, JOE
Address: 6690 NW 1ST CT
City-St-Zip: MARGATE, FL 33063

Title: VPT () Delete
Name: BALLASSARRA, STEVEN
Address: 6690 N.W. 1ST CT
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BALLASSARRA, JOE
Address: 6441 NW 42CT
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VPT (X) Change () Addition
Name: BALLASSARRA, STEVEN
Address: 2675 NW 114TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN BALDASSARRA

VPT

02/15/2006

Electronic Signature of Signing Officer or Director

_____ Date