

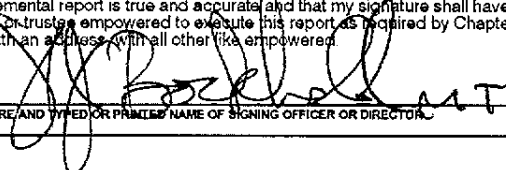


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000007142		
1. Entity Name HJB ENTERPRISES INC.		
Principal Place of Business 7373 NW 82ND TERR PARKLAND, FL 33067-1099		Mailing Address 7373 NW 82ND TERR PARKLAND, FL 33067-1099
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BOCKHOLD, JULIENNE R 7373 NW 82ND TERRACE PARKLAND, FL 33067-1099		 01182006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-0878760 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees UN0000394890 01/26/06-80029-008 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CS GRETCHEN, HEATH 7373 NW 82ND TERR PARKLAND, FL 330671004	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MT BOCKHOLD, H J 7373 NW 82ND TERR PARKLAND, FL 3067-099	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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 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:  1/19/06 9549727700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>De, time Phone #</small>		