
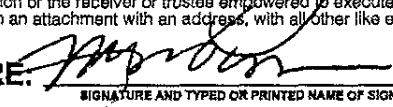


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P98000039081 1. Entity Name MJP ENTERPRISES, INC.			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 10552 AYEAR ROAD PORT CHARLOTTE, FL 33981</td> <td style="width: 50%;">Mailing Address 10552 AYEAR ROAD PORT CHARLOTTE, FL 33981</td> </tr> </table>			Principal Place of Business 10552 AYEAR ROAD PORT CHARLOTTE, FL 33981
Principal Place of Business 10552 AYEAR ROAD PORT CHARLOTTE, FL 33981	Mailing Address 10552 AYEAR ROAD PORT CHARLOTTE, FL 33981		
DO NOT WRITE IN THIS SPACE			
5. Name and Address of Current Registered Agent POST, MYRON 10552 AYEAR RD PORT CHARLOTTE, FL 33981		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		
10. OFFICERS AND DIRECTORS			
TITLE	PTD		
NAME	POST, MYRON		
STREET ADDRESS	10552 AYEAR ROAD		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		
TITLE	SVD		
NAME	POST, JUDY		
STREET ADDRESS	10552 AYEAR ROAD		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		
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:  3/20/06 941 830 1032 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>			



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0836526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000476994
04/06/06-80034-001 150.00

**DO NOT WRITE
IN THIS SPACE**