


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000060479**

1. Entity Name  
**MDJ, INC.**



Principal Place of Business  
**3440 S. OCEAN BLVD, #104-S  
 PALM BEACH, FL 33480**

Mailing Address  
**3440 S. OCEAN BLVD, #104-S  
 PALM BEACH, FL 33480**

**DO NOT WRITE IN THIS SPACE**



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0881177** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANGOTTI, MICHAEL A  
 3440 S OCEAN BLVD.  
 #104S  
 PALM BEACH, FL 33480**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANGOTTI, MICHAEL A
STREET ADDRESS	3440 SO. OCEAN BLVD., #104S
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	ANGOTTI, ANN
STREET ADDRESS	3440 SO. OCEAN BLVD., #104S
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/25/06 80001-005 150.00

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: *Michael A Angotti* MICHAEL A ANGOTTI 3-6-06 561-262-3754