2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 08, 2006 8:00 am Secretary of State DOCUMENT # P98000067727 1. Entity Name 05-08-2006 90290 001 ***150.00 PJLF ENTERPRISES, INC. Principal Place of Business Mailing Address 5918 BAHAMA SHORES DR. S. 16000 CHAMBERLIN PKWY STE 8620 ST PETERSBURG, FL 33705 A FT MYERS, FL 33913 2. Principal Place of Business 1000 lermina Suite, Apt. #, etc 04292006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For 58-2413353 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENTON, P. J. 5918 BAHAMA SHORED DRIVE S. Street Address (P.O. Box Number is Not Acceptable) SAINT PETERSBURG, FL 33705 THAMA. Shores 8. The above named entry/subnits this pratement 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 registers SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE **計** Change ☐ Addition TITLE BENTON, PJ NAME NAME STREET ADDRESS **POST OFFICE BOX 19707** STREET ADDRESS CITY-ST-ZIP W. NC 28217 CHARLOTTE, NC 28219 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE FORD, LEE NAME NAME 2959 BROADWAY STREET ADDRESS STREET ADDRESS FT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of thustee 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 attackment with appendiress, with all other like empowered.

FILED