2006 FOR PROFIT CORPORATION

FILED Jan 23, 2006 08:00 AM

ANNUAL REPURI			Socretary of State
DOCUMENT # P990 1. Entity Name HENRY JAY CORP.	00014848		Secretary of State
Principal Place of Business 2200 NW 17TH ST POMPANO BEACH, FL 33069	Mailing Address 2200 NW 17TH ST POMPANO BEACH, FL 33069		T ERRESENT SITU (RESSO CRESS DERS) DERS) DERS) DERS) DERSO DERSO STORY BIRDES STORY DERDO PROPERTY DI LEBRA
DO NOT W	RITE IN THIS SPAC	E	01182006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0900853 Not Applied be
		<u> </u>	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Addres	s of Current Registered Agent	·	
SCHILLINGER, LEE H 4601 SHERIDAN STREET SUITE 202 HOLLYWOOD, FL 33021			DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature regulated when reinstalling) DATE DA			
FILE NOW::: FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFI TITLE D NAME LUTZ, HENRY J STREET ADDRESS 2020 CLINTON STRE CITY-ST-TIP LINDEN, NJ 070363	1		UD0000397684 01/30/06-80059-013 150.00
TITLE P NAME LUTZ, HENRY J STREET ADDRESS 2020 CLINTON STRE CITY-ST-ZIP LINDEN, NJ 0703632			01/30/06-80059-013 150.00
TITLE VP MAME LUTZ, HENRY J STREET ADDRESS 2020 CLINTON STRE CITY-ST-ZP LINDEN, NJ 0703634	1	Service Service	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
Title Name Street address City-St-Zip	·	er mag	
UICE NAME STREET ADDRESS CITY-ST-ZIP			
indicated on this report or supplem	supplied with this liling does not quality for the exem- antal report is true and accurate and that my signatur	ipilons contained le shall have the si	in Chapter 119, Florida Statutes. I further certily that the information ame legal effect as if made under eath; that I am an officer or director

indicated on this report of supplemental report is the and accurate and that my signature shall have the same legal effect as it made under dutt, that it am an officer of director of 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: