


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90035 017 \*\*\*150.00

**DOCUMENT # P99000051955**

1. Entity Name  
**A.J. INVESTMENT GROUP INC.**



Principal Place of Business  
**4766 SW BIMINI CIRCLE S.  
 PALM CITY, FL 34990**

Mailing Address  
**4766 SW BIMINI CIRCLE S.  
 PALM CITY, FL 34990**

2. Principal Place of Business - No P.O. Box #  
**5013 SW SAINT CREEK DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5013 SW SAINT CREEK DR.**  
 Suite, Apt. #, etc.

City & State  
**Palm City, FL**

City & State  
**Palm City, FL**

Zip  
**34990**

Country  
**U.S.A.**

Zip  
**34990**

Country  
**U.S.A.**

6. Name and Address of Current Registered Agent  
**JIMENEZ, ALEXIS  
 4766 SW BIMINI CIRCLE S.  
 PALM CITY, FL 34990**



02062007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0920286**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**Jimenez, Alexis**

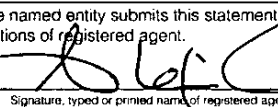
Street Address (P.O. Box Number is Not Acceptable)  
**5013 SW SAINT CREEK DRIVE**

City  
**Palm City**

FL

Zip Code  
**34990**

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  **Pres. Alexis Jimenez 2-6-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JIMENEZ, ALEXIS 4766 SW. BIMINI CIRCLE S. PALM CITY, FL 34990</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Jimenez, Alexis 5013 SW SAINT CREEK DR. PALM CITY, FL 34990</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Pres. Alexis Jimenez 2-6-07 260-6373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #