2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 8:00 am Secretary of State

Substantial	DOCUMENT # P99000056187 1. Entity Name HFJ CORP.						02-10-2000	6 90024 049 ***1	50.00	
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1112006	Principal Place of Business		Mailing Address	Mailing Address						
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Suite, Apt. #, etc. Suite, Apt. #, otc. O1112008										
City & Size	2. Principal Place of Business		3. Mailing Address			1				
Zip Country Zip Country 59-3583942 Nox Applicable Saft Additional Saft Additio	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006	Chg-P	CR2E034 (11/05	5)		
Country Zip Country Zip Country S. Certificate of Slatus Desired \$8.75 Additional From Register of Agent Fore Register of New Regi	City & State		City & State							
HENDERSON, FRANK 220 SE 36TH AVE OCALA, FL 34471 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Rorize. Lam termiter with, and accept the obligations of registered agent. SIGNATURE Signature hard of purisdrame of registered agent and life i apactacia. PTD After May 1, 2006 Fee will be \$550.00 After May 1	Zip	Country	Zip	Country	,			□ \$8.75 A	dditional	
HENDERSON, FRANK 220 SE 36TH AVE 220 SE 36TH A		6. Name and Address of Current Registered Agent			Y					
Street Address (P.O. Box Number is Not Acceptable) City FL City City FL	HENDERS	ON EDANIZ			Name					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. Signature Synature typed or private name of registered agent and its of spelicable. RNOTE Registered Agent signature required when remaising) DATE	220 SE 36	TH AVE		Street Address		P.O. Box Number is Not Acceptable)				
R. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SigNATURE									·	
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comment				-	City			FI Zip Co	ode	
Signature, typed or provised name of logosethand visible supplication (NOTE Registered Agent sugnature recognized where reentationg) S\$5.00 May Be Added to Fees	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.									
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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 if 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06 352-694-6818

Daytime Phone #