2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000066180

1. Entity Name

AJW TECHNOLOGY CONSULTANTS, INC.



FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

962 ALLEGRO LANE APOLLO BEACH, FL 33572 962 ALLEGRO LANE APOLLO BEACH, FL 33572



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3599391 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WARD, ARTHUR J 962 ALLEGRO LANE APOLLO BEACH, FL 33572

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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE						
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu			0 May Be to Fees	000000793229 01/24/08-80040-021 150.00
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WARD, ARTHUR J 962 ALLEGRO LANE APOLLO BEACH, FL 33572					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				5 (•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS						

12. It hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

A. J. Ward

1/14/08

P13-645-285

Deytime Phone