


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # S03292 1. Entity Name NJ PRESSURE-PLUS, INC.	
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Principal Place of Business 1717 SW 1ST WAY SUITE 11 DEERFIELD BEACH, FL 33441 US	Mailing Address 1717 SW 1ST WAY SUITE 11 DEERFIELD BEACH, FL 33441 US
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3037432	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUGHES, ROBERT N.
937 GREENBRIAR DRIVE
BOYNTON BEACH, FL 33435

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEINKEL, THEODORE S 4177 JUNIPER TER BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPO CARLETON, EDWARD L 861 PETUNA DR PLANTATION, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HEINKEL, KIMBERLY A 4177 JUNIPER TERRACE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO HUGHES, NANCY J 937 GREENBRIAR DR. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO HUGHES, ROBERT N 937 GREENBRIAR DR. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/01/05-80046-008 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kimberly A Heinkel 3/25/05 984-462-6452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #