

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50471

Entity Name: DHJ AND ASSOCIATES, INC.

FILED
Apr 22, 2006
Secretary of State

Current Principal Place of Business:

284 CAMBRIDGE DR.
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161195
ALTAMONTE SPRINGS, FL 327161195 US

New Mailing Address:

FEI Number: 59-3080331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUNSA, JAMES K.
284 CAMBRIDGE DRIVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LA FACE, DARRYL L
Address: 8104-202 BROOKGATE TER.
City-St-Zip: RALEIGH, NC 27617 US

Title: D () Delete
Name: COVERT, HAROLD L
Address: 653 BROAD OAK LOOP
City-St-Zip: LAKE FOREST, FL 32771 US

Title: PD () Delete
Name: BUNSA, JAMES K
Address: 284 CAMBRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: SD () Delete
Name: BUNSA, ANDREA L
Address: 284 CAMBRIDGE DR
City-St-Zip: LONGWOOD, FL 32779 US

Title: SD () Delete
Name: BUNSA, JENNIFER
Address: 9 NEVADA AVE.
City-St-Zip: SOMERVILLE, MA 02143 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BUNSA, JENNIFER
Address: 284 CAMBRIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K. BUNSA

PD

04/22/2006

Electronic Signature of Signing Officer or Director

_____ Date