2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# S50471

Entity Name: DHJ AND ASSOCIATES, INC.

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 (X).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LA FACE, DARRYL L	
Address:	10421 ROSEGATE COURT, #207	
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:	25 ST. JOHN'S PLACE APT. #3	
City-St-Zip:	BROOKLYN, NY 11217 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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 PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date