2005 FOR PROFIT CORPORATION

FILED May 31, 2005 08:00 AM Secretary of State

ANNUAL REPORT						
DOCUMENT # P010000 1. Entity Name AEJ MANAGEMENT CORP.	D66599					
Principal Place of Business C/O JUSTER DEVELOPMENT CO. 303 S. BROADWAY, STE, 450 TARRYTOWN, NY 10591-5410	Mailing Address C/O JUSTER DEVELOPMENT CO 303 S, BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410					

			THE PERSON NAMED IN	Į.		
303 S. BROA	e of Business DEVELOPMENT CO. DWAY, STE, 450 NY 10591-5410	Mailing Address C/O JUSTER DEVELOPMENT CO 303 S. BROADWAY, STE. 450 TARRYTOWN, NY 10591-5410				
DO NOT WRITE IN THIS SPAC		CE	05092005 4. FEI Numbi 13-418	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent				
9200 S. DA MIAMI, FL				IN T	NOT W THIS SP	ACE
	named enilly submits this statement for thous of registered agent.	ne purpose of changing its registere	ed office or regis	tered agent, or bo	th, in the State of Po	rida. I am familiar with, and accept
SIGNATURE_	Signature typed or printed name of registered agent and	title if applicable. (NOTE Registers	d Agent algneture requi	ired when reinstating)	· · · · · · · · · · · · · · · · · · ·	OA7E
	E NOWIII FEE IS \$150.00 ue by September 7, 2005	9. Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees	In accordance w corporation did	with s. 607.193(2)(b), F.S., the not receive the prior notice.
10.	OFFICERS AND DI	RECTORS	1			
TITLE	DPST					
NAME	JUSTER, ANN E				-	
STREET ADDRESS :	303 S BROADWAY #450		1			
TITLE	TARRYTOWN, NY 10591	*	1		Hono	מללממממ
NAME	GUMBINGER, WALTER		1		いいしい カミノネチノが	00368775 5-80017-002 200.00
STREET ADDRESS	950 THIRD AVENUE				001010	a poort oor coordo
CITY-ST-ZIP	NEW YORK, NY 10022	· .				
TITLE						
NAME STREET ADDRESS				-	* 1 mm mar 2 m s	Start Kanke Same
CITY-ST-ZIP				DO	NOT W	HIIE
THTLE		· · · · · · · · · · · · · · · · · · ·	1	IN '	THIS SF	PACE
NAME				## W	4 5 KR W W/3	ar in the family
STREET ADDRESS CITY-ST-ZIP						
TITLE		· · · · · · · · · · · · · · · · · · ·	1			
KAME			ł			
STREET ADDRESS			1			
CITY-ST-ZIP			ł			
TITLE Name		•				
STREET ADDRESS			i			
CTTY-ST-ZIP		<u> </u>	<u> </u>			
12. Thereby o	pertify that the information supplied with the	is filing does not qualify for the exe	mption stated in	Section 119.07(3)	(i), Florida Statutes, 1	further certify that the information

I hereby certify that the intornation supplied with this hinting does not quarry of the exempton stated in Section 119.07(5)(f), Frontoa diatries, Frontier 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 Starutes; 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1524-7700