

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90242 026 ***150.00



DOCUMENT # F96000005137
 1. Entity Name
 BLUE TEE CORP.

Principal Place of Business
 250 PARK AVE S., 2ND FLOOR
 NEW YORK, NY 10003

Mailing Address
 250 PARK AVE S., 2ND FLOOR
 NEW YORK, NY 10003

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

01092006 Chg-P CR2E034 (11/05)

4. FEI Number
 13-2925766
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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)
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> Delete
NAME	SECRIST, RICHARD A	
STREET ADDRESS	104 SHEARWATER CT E	
CITY-ST-ZIP	JERSEY CITY, NJ 07305	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SECRIST, RICHARD A	
STREET ADDRESS	104 SHEARWATER CT E	
CITY-ST-ZIP	JERSEY CITY, NJ 07305	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	KELLY, WILLIAM M	
STREET ADDRESS	349 STERLING RD	
CITY-ST-ZIP	HARRISON, NY 10528	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPINE, RICHARD C	
STREET ADDRESS	135 HERBERT RD.	
CITY-ST-ZIP	CORAOPOLIS, PA 15108	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	D'AURIA, JERRY	
STREET ADDRESS	48 CHESTNUT DR	
CITY-ST-ZIP	MATAWAN, NJ 07747	
TITLE	SV	<input type="checkbox"/> Delete
NAME	ALLDIAN, DAVID P	
STREET ADDRESS	641 POINT AVE	
CITY-ST-ZIP	BRICK, NJ 08724	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SR VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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: JERRY D'AURIA Jerry Dauria 1/9/06 NY 598 0889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #