2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver or trustee em if changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED. Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P03000049005 1. Entity Name BLUEBILL, INC. Principal Place of Business Mailing Address 2290 WEST MAYA PALM DRIVE 2290 WEST MAYA PALM DRIVE **BOCA RATON FL 33432** BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 06-1694156 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCORMICK, EDWARD J JR, ESQ Street Address (P.O. Box Number is Not Acceptable) 111 SW 3RD STREET, PENTHOUSE MIAMI FL 33130 City Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Delete THLE Addition NAME STADLER, WILLIAM R MARKE STREET ADDRESS 2290 WEST MAYA PALM DRIVE STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP BOCA RATON FL 33432 TITLE Delete ☐ Change Addition NAME NAME U00000544788 05/11/06-80050-012 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not culdiffindicated on this report or supplemental report is true and accurate any that for the exemptions contained in Section 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11