


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90054 001 ***150.00

DOCUMENT # P03000086728					
1. Entity Name BLUE SUN HANDCRAFTED JEWELRY, INC.					
Principal Place of Business 2121 FAIRMONT CIR ORLANDO, FL 32837		Mailing Address 2121 FAIRMONT CIR ORLANDO, FL 32837			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0477520	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERREIRA, WLADIMIR P 2121 FAIRMONT CIR ORLANDO, FL 32837			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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA, WLADIMIR P		NAME	Wladimir Ferreira	
STREET ADDRESS	2121 FAIRMONT CIR		STREET ADDRESS	2121 FAIRMONT CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO, FLORIDA 32837	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP/D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGANTI-FERREIRA, NEENA J		NAME	Neena Morganti-Ferreira	
STREET ADDRESS	2121 FAIRMONT CIR		STREET ADDRESS	2121 FAIRMONT CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32837		CITY-ST-ZIP	ORLANDO, FLORIDA 32837	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Neena J. Morganti-Ferreira</i>		Neena J. Morganti-Ferreira 2/18/05 407-582-0749			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	