2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 14, 2009
Secretary of State

DOCUMENT# P04000106103

Entity Name: COBALT BLUE, INC.

Current Principal Place of Business:

220 ANN CIRCLE
SUITE 4
DESTIN, FL 32541 US

New Principal Place of Business:

726 BEACH DRIVE
DESTIN, FL 32541 US

Current Mailing Address:

220 ANN CIRCLE
SUITE 4
DESTIN, FL 32541 US

New Mailing Address:

726 BEACH DRIVE
DESTIN, FL 32541 US

FEI Number: 90-0209670 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKER, CRAIG H
220 ANN CIRCLE
SUITE 4
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

BARKER, CRAIG H
726 BEACH DRIVE
DESTIN, FL 32541 US

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: CALLIE R. BARKER 12/14/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BARKER, CRAIG H
Address: 3863 INDIAN TRAIL, #104
City-St-Zip: DESTIN, FL 32541 US

Title: VP ( ) Delete
Name: BARKER, CALLIE R
Address: 3863 INDIAN TRAIL, #104
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BARKER, CRAIG H
Address: 726 BEACH DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: VP (X) Change ( ) Addition
Name: BARKER, CALLIE R
Address: 726 BEACH DRIVE
City-St-Zip: DESTIN, FL 32541 US

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: CALLIE R. BARKER VP 12/14/2009
Electronic Signature of Signing Officer or Director Date