

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90041 030 \*\*\*150.00

60000271



DOCUMENT # P04000140619



1. Entity Name  
**BLACKFOOT PROPERTIES INC.**

Principal Place of Business Mailing Address  
**58 COMMERCIAL WAY** **58 COMMERCIAL WAY**  
**SPRING HILL, FL 34606 US** **SPRING HILL, FL 34606 US**

2. Principal Place of Business 3. Mailing Address  
**9914 San Diego Way** **9914 San Diego Way**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Port Richey FL** **Port Richey FL**  
 Zip Zip  
**34668** **34668**  
 Country Country  
**US** **US**

04182005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**20-1721715** Not Applicable

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

6. Name and Address of Current Registered Agent  
**WASIFI EWSKI, ROBERT**  
**9914 San Diego Way**  
**Port Richey, FL**  
**34668**

7. Name and Address of New Registered Agent  
 Name  
**Robert Wasielewski / Blackfoot Properties, Inc**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9914 San Diego Way**  
 City  
**Port Richey** FL Zip Code  
**34668**

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 Robert Wasielewski 1/7/06  
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**  
**After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WASIELEWSKI, ROBERT PO BOX 5037 SPRING HILL, FL 34611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WASIELEWSKI, CHAD PO BOX 511481 NEW BERLIN, WI 53151 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WASIELEWSKI, RYAN PO BOX 511481 NEW BERLIN, WI 53151 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEVEZ, JOSEPH 58 COMMERCIAL WAY SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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 667, 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 enclosures.

SIGNATURE: Robert Wasielewski 1/7/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MONTH/YEAR