


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90005 037 ***150.00

DOCUMENT # P05000094226

1. Entity Name
BLACKBURN REALTY, INC.



Principal Place of Business
912 NE 17TH TERR
CAPE CORAL, FL 33909

Mailing Address
912 NE 17TH TERR
CAPE CORAL, FL 33909

50025264



2. Principal Place of Business
1031 NE PALM ISLAND
 Suite, Apt. #, etc. **2**

3. Mailing Address
605 NW 38th AVE
 Suite, Apt. #, etc.

07112006 Chg-P CR2E034 (11/05)

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33909 Country **USA**

Zip
33993 Country **USA**

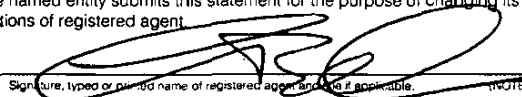
4. FEI Number
13-4301540 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent
 Name **LANCE BLACKBURN**
 Street Address (P.O. Box Number is Not Acceptable)
605 NW 38th AVE
 City **CAPE CORAL, FL** FL Zip Code **33993**

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  DATE **8/1/06**

Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLACKBURN, LANCE L 912 NE 17TH TERR CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  DATE **8/1/06** 239-242-9955
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #