

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005315

FILED
Jul 06, 2006
Secretary of State

Entity Name: BLACKLIDGE EMULSIONS, INC.

Current Principal Place of Business:

828 PASS RD.
SUITE B
GULFPORT, MS 395016447

New Principal Place of Business:

Current Mailing Address:

828 PASS RD.
SUITE B
GULFPORT, MS 395016447

New Mailing Address:

FEI Number: 64-0783034 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEYER, DAVID A
% RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA, FL 336025133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACKLIDGE, RONALD W SR
Address: 10740 BAYOU PLANTATIONS
City-St-Zip: GULFPORT, MS 39507

Title: ST () Delete
Name: BLACKLIGE, RONALD W. J
Address: 2739 LOST CHANNEL
City-St-Zip: BILOXI, MS 39530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD W. BLACKLIDGE SR.

PD

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date