

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 151578

FILED
Apr 20, 2009
Secretary of State

Entity Name: BLANCHARD MACHINERY, INC.

Current Principal Place of Business:

14301 N.E. 19TH AVE.
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

14301 N.E. 19TH AVE.
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 59-0577678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAXTER, SCOTT S
14301 N.E. 19TH AVE.
N. MIAMI, FL 33181 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: PSTD () Delete
Name: BAXTER, SCOTT S
Address: 14301 NE 19TH AVENUE
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: BAXTER, TINA
Address: 14301 N.E. 19TH AVE.
City-St-Zip: MIAMI, FL 33181

Title: D () Delete
Name: BAXTER, JULIE
Address: 14301 NE 19TH AVE.
City-St-Zip: MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BAXTER, SCOTT S
Address: 14301 NE 19TH AVENUE
City-St-Zip: MIAMI, FL 33181

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

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

Title: S () Change (X) Addition
Name: BAXTER, HEIDI
Address: 14301 NE 19TH AVE.
City-St-Zip: NORTH MIAMI, FL 33181

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: SCOTT S. BAXTER

PTD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date