2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# 197197

Entity Name: CY BLUE PLUMBING, INC.

Current Principal Place of Business:

5670 PINKNEY AVE
SARASOTA, FL 34233 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20727
SARASOTA, FL 342763727 US

New Mailing Address:

FEI Number: 59-0787757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOLF, JON
4541 LAKE VISTA DR.
SARASOTA, FL 34233 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: P ( ) Delete
Name: WOLF, ROBBIE J
Address: 6271 MANDARIN RD.
City-St-Zip: SARASOTA, FL 34238 US

Title: VD ( ) Delete
Name: WOLF,CAROLYN S,
Address: 4541 LAKE VISTA DR.
City-St-Zip: SARASOTA, FL 34233 US

Title: ST ( ) Delete
Name: WOLF,JON,
Address: 4541 LAKE VISTA DR.
City-St-Zip: SARASOTA, FL 34233 US

Title: D ( ) Delete
Name: WOLF,JON,
Address: 4541 LAKE VISTA DR.
City-St-Zip: SARASOTA, FL 34233 US

Title: VC ( ) Delete
Name: WOLF, ROBBIE J.,
Address: 6271 MANDARIN ROAD
City-St-Zip: SARASOTA, FL 34238 US

Title: V ( ) Delete
Name: BUCKMASTER, JODY
Address: 2435 BROWNING ST.
City-St-Zip: SARASOTA, FL 34237 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOLF, ROBBIE J
Address: 2500 FARMS COURT
City-St-Zip: SARASOTA, FL 34240 US

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

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

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

Title: VC (X) Change ( ) Addition
Name: WOLF, ROBBIE J.,
Address: 2500 FARMS COURT
City-St-Zip: SARASOTA, FL 34240 US

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: ROBB WOLF P 04/04/2006
Electronic Signature of Signing Officer or Director Date