


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 315527</b> 1. Entity Name: CITY BLUEPRINT COMPANY	
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Principal Place of Business 119 NORTH 11TH STREET SUITE 100 TAMPA, FL 33602	Mailing Address 119 NORTH 11TH STREET SUITE 100 TAMPA, FL 33602
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<b>DO NOT WRITE IN THIS SPACE</b>
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02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1163101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LEWIS, HENRY C III 119 N. 11TH ST. SUITE 100 TAMPA, FL 33602
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000887469 04/21/08-60021-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, HENRY C III 119 N. 11 ST., STE 100 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAUER, JOSEPH T 119 N ST., STE 100 TAMPA, FL 33602
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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 reports 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 employment.

SIGNATURE:  2/29/08 813-229-9391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #