2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 468665

Entity Name: BLYTHE ENGINEERING, INC.

Current Principal Place of Business:

218 HOSPITAL DR
PO BOX 2619
FT. WALTON BEACH, FL 32549

New Principal Place of Business:

218 HOSPITAL DR.,N.E.
FT. WALTON BEACH, FL 32548 US

Current Mailing Address:

218 HOSPITAL DR
PO BOX 2619
FT. WALTON BEACH, FL 32549

New Mailing Address:

218 HOSPITAL DR.,N.E.
FT. WALTON BEACH, FL 32548 US

FEI Number: 59-1570939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLYTHE, ROBERT L
632 OVERBROOK DR
FT WALTON BEACH, FL 32547 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: BLYTHE, ROBERT L
Address: 632 OVERBROOK DRIVE
City-St-Zip: FT. WALTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BLYTHE, ROBERT L
Address: 632 OVERBROOK DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

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: ROBERT L BLYTHE PD 04/21/2009
Electronic Signature of Signing Officer or Director Date