
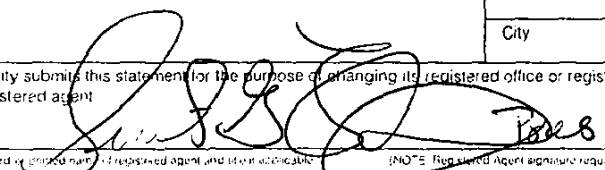
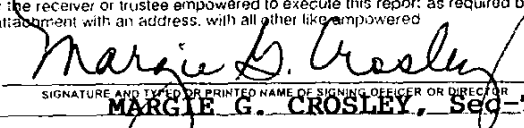


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90215 035 ***158.75

DOCUMENT # 501461 1. Entity Name BGRUSAW, INC.					
Principal Place of Business N FOREST RIDGE BV PO BOX 640340 BEVERLY HILLS, FL 34464			Mailing Address N FOREST RIDGE BV PO BOX 640340 BEVERLY HILLS, FL 34464		
2. Principal Place of Business 4055 N LECANTO HWY <small>Suite, Apt. #, etc.</small>		3. Mailing Address P O BOX 640340 <small>Suite, Apt. #, etc.</small>			
City & State BEVERLY HILLS, FL		City & State BEVERLY HILLS, FL		4. FEI Number 59-1658210	
Zip 34465		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSAW, ERNEST G. 1285 N. SELKIRK PT. CRYSTAL RIVER, FL 32629			7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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:  4/24/06 <small>Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RUSAW, ERNEST G 1285 N SELKIRK PT. CRYSTAL RIVER, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S RUSAW, BRIGITTE 1285 N SELKIRK PT. CRYSTAL RIVER, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CROSLEY, MARGIE G 5522 N LENA DRIVE -PO BOX 640670 BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 report is 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 empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MARGIE G. CROSLEY, Sec-Treas				04/24/06 352/746-6500	

ATTACHMENT 40067890
#501461
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRUSAW, INC
(Name of Corporation)

DOCUMENT NUMBER: 501461

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIGITTE RUSAW
(Name of Person)

BRIGITTE RUSAW
(Name of Firm/Company)

1385 N. SELKIRK PT
(Address)

CRYSTAL RIVER, FL 34429
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGIE G. CROSLY at (352) 746-6500
(Name of Person) (Area Code & Daytime Telephone Number)

COPY
Send orig to
Amendment
Section
w/ck.

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

ATTACHMENT
40067896
#501461
OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION


I, BRIGITTE ROSAW, hereby resign as SECRETARY
(Title)

of BLURSAW, INC
(Name of Corporation)

501461, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

Brigitte Rosaw 1/19/06
(Signature of resigning officer/director)

FILING FEE IS \$35.00

 **COPY**

-----Make checks payable to Florida Department of State and mail to:-----

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314