



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 517496 1. Entity Name BLACKSTONE LEGAL SUPPLIES, INC.	
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Principal Place of Business 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311-4132	Mailing Address 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311-4132
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FILED
06 APR 28 PM 12:59
SECRET
TALLAHASSEE, FLORIDA



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1708556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEYMAN, LESLIE 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311

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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 reinstating) DATE _____

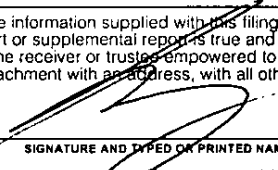
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEYMAN, LESLIE 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYMAN, BONNIE 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311
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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 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:  **Leslie Heyman President** **4/27/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #