2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 539716

1. Entity Name
STUART BLUEPRINT, INC.

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1. Entity Name
STUART BLUEPRINT, INC.

Principal Place of Business	Mailing Address
820 SE DIXIE HWY STUART, FL 34994	820 SE DIXIE HWY STUART, FL 34994

DO NOT WRITE IN THIS SPACE

03192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1752074	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

DE LA VEGA, JOY
1110 N.W. 15TH ST.
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	DE LA VEGA, JOY
STREET ADDRESS	1110 NW 15TH ST.
CITY-ST-ZIP	STUART, FL
TITLE	P
NAME	DE LA VEGA, JOY
STREET ADDRESS	1110 NW 15TH ST.
CITY-ST-ZIP	STUART, FL

DO NOT WRITE IN THIS SPACE

U00000701249
04/20/07-80048-017 150.00

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: _____   4/7/07   772-287-4376

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