

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

|                                                                     |                                                         |                                                                                   |
|---------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 539716</b>                                            |                                                         |  |
| 1. Entity Name<br>STUART BLUEPRINT, INC.                            |                                                         |                                                                                   |
| Principal Place of Business<br>820 SE DIXIE HWY<br>STUART, FL 34994 | Mailing Address<br>820 SE DIXIE HWY<br>STUART, FL 34994 |                                                                                   |



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>59-1752074                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|                                                                                                                  |                                       |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>DE LA VEGA, JOY<br>1110 N.W. 15TH ST.<br>STUART, FL 34994 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Print or type full name of registered agent, if not applicable. (NOTE: Registered Agent's name is required when filing a change.)

|                                                                               |                                                                                                                    |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                          |
|----------------------------------------------------|----------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSD<br>DE LA VEGA, JOY<br>1110 NW 15TH ST.<br>STUART, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>DE LA VEGA, JOY<br>1110 NW 15TH ST.<br>STUART, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                          |

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04/10/08-80098-016 150.00

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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:** Joy de Vega **PRESIDENT** 3/27/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR