2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 547740

Entity Name: BLASTERS, INC.

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

7813 PROFESSIONAL PLACE TAMPA, FL 336376750 US

Current Mailing Address: New Mailing Address:

7813 PROFESSIONAL PLACE TAMPA, FL 336376750 US

FEI Number: 59-1772069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOOS, FREDERICK A 7813 PROFESSIONAL PLACE TAMPA, FL 33637 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO () Delete Title: CCEO (X) Change () Addition

 Name:
 BOOS, FREDERICK A
 Name:
 BOOS, FREDERICK A

 Address:
 7813 PROFESSIONAL PLACE
 Address:
 7813 PROFESSIONAL PLACE

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33637

Name: BOOS, SCOTT F Name: BOOS, SCOTT F

Address: 7813 PROFESSIONAL PLACE Address: 7813 PROFESSIONAL PLACE

City-St-Zip: TAMPA, FL City-St-Zip: TAMPA, FL 33637

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ELLIOTT, NATALIE B
 Name:
 ELLIOTT, NATALIE B

 Address:
 7813 PROFESSIONAL PLACE
 7813 PROFESSIONAL PLACE

 City-St-Zip:
 TAMPA, FL 336376750 US
 City-St-Zip:
 TAMPA, FL 33637 US

I hereby certify that the information supplied with this filing does not qualify for the 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: FREDERICK A BOOS MR 03/21/2007