


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 559022 |  |
| 1. Entity Name BLAZE MECHANICAL, INC. | |

| | |
|--|--|
| Principal Place of Business 8995 S INDIAN RIVER FT PIERCE, FL 34982 US | Mailing Address 8995 S INDIAN RIVER FT PIERCE, FL 34982 US |
|--|--|



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FCI Number 59-1799896 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent MAKIELSKI JR, JAMES P. 8995 S INDIAN RIVER DR FT PIERCE, FL 34982 |
|---|

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | 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 |
|---|------------------------------------|

**U00000550482
05/13/06-80061-016 150.00**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS GREY, DEBRA M 8995 S INDIAN RIVER DR FT PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAKIELSKI, JR JAMES P 8995 S INDIAN RIVER DR FT PIERCE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  | Date 4/26/06 | Daytime Phone 772-386-2078 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |