

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90250 026 ***158.75

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04242006 Chg-P CR2E034 (11/05)

DOCUMENT # 615875 1. Entity Name BLASCHKE CORPORATION					
Principal Place of Business 1634 SE 47TH STREET SUITE 16 CAPE CORAL, FL 33904 US			Mailing Address 6932 ERIN MARIE COURT FORT MYERS, FL 33919-6126 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number	
BLASCHKE, HANS K 6932 ERIN MARIE COURT FORT MYERS, FL 33919-6125				59-1947228	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL Zip Code	
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLASCHKE, HANS K.		NAME		
STREET ADDRESS	6932 ERIN MARIE COURT		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 339196126		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLASCHKE, HILDEGARD		NAME		
STREET ADDRESS	6932 ERIN MARIE COURT		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 339196126		CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLASCHKE, HANS K.		NAME		
STREET ADDRESS	6932 ERIN MARIE COURT		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 339196126		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANSSON, HANS A		NAME		
STREET ADDRESS	3613 DELPRADO BLVD S		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33904		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u><i>Hans K. Blaschke</i></u> BLASCHKE, Pres. Date: <u>04-28-06</u> Daytime Phone #: <u>239-549-8600</u>					