


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Mar 30, 2005 8:00 am
Secretary of State

03-01-2005 90080 018 ***150.00

DOCUMENT # F03000001282 1. Entity Name BLUEPRINT MANAGEMENT, INC.	
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Principal Place of Business 401-B YELVINGTON AVE. CLEARWATER, FL 33755	Mailing Address 401-B YELVINGTON AVE. CLEARWATER, FL 33755
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66007935



DO NOT WRITE IN THIS SPACE

02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1137242	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DRUMMOND, TEMPLE H ESQ. 6235 JACQUELINE ARBOR DRIVE TEMPLE TERRACE, FL 33617	DO NOT WRITE IN THIS SPACE
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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 2-23-05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BYERS, LEX 401-B YELVINGTON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BRADHAM, CAROLYN 401-B YELVINGTON AVE. CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(f), 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 3-28-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR