

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90139 044 \*\*\*150.00

<b>DOCUMENT # F03000004750</b>	
1. Entity Name BLUEPOINT DESTIN, INC.	

Principal Place of Business 1840 PICKWICK AVE GLENVIEW, IL 60025	Mailing Address 1840 PICKWICK AVE GLENVIEW, IL 60025
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**DO NOT WRITE IN THIS SPACE**



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0163714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GREENFIELD, ROGER 1840 PICKWICK AVE GLENVIEW, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roger Greenfield 1840 Pickwick Ave. Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Roger Greenfield 1840 Pickwick Ave. Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Roger Greenfield 1840 Pickwick Ave Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Roger Greenfield 1840 Pickwick Ave Glenview, IL 60025
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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.

Roger Greenfield 847-510-2500

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_