

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002995

FILED
Jan 30, 2005
Secretary of State

Entity Name: BLUE DESERT ENTERTAINMENT, INC.

Current Principal Place of Business:

P.O. BOX 278373
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 278373
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 55-0852785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPARD, JAMES
18835 NW 1ST STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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:

Title: STD () Delete
Name: SHEPARD, JAMES
Address: P.O. BOX 278373
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: GARCIA, WILLIAM
Address: 8950 NW 22 CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: TAPIA, ANNETTE M
Address: 50 SW 10 STREET
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: PAKA PRODUCTIONS,
Address: 35 POMPANO AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: ARCIA, LESLIE
Address: 12740 SW 64TH TERRACE
City-St-Zip: MIAMI, FL 33183

Title: D () Delete
Name: GODFREY, PAMELA
Address: 35 POMPANO AVENUE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DESIR, SABINE
Address: 1508 NW 99TH STREET
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES SHEPARD

SECY

01/30/2005

Electronic Signature of Signing Officer or Director

_____ Date