2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G96673 1. Entity Name

BLEDOU CORPORATION



FILED Mar 10, 2008 08:00 A **Secretary of State**

Principal Place of Business

223 SUNSET AVENUE

SUITE 230

PALM BEACH, FL 33480 US Mailing Address

PO BOX 4297

WEST PALM BEACH, FL 33402 US

No Chg-P

4. FEI Number 65-0118394

01092008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CHOPIN, L. FRANK 223 SUNSET AVENUE **SUITE 230** PALM BEACH, FL 33480 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent properties required when reinstating)

FILE NOW!!! FEE 1S \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000852688 /26/08-80039-003 150**.0**0

OFFICERS AND DIRECTORS 10. PSD TITLE CHOPIN, FRANK L NAME STREET ADDRESS 223 SUNSET AVENUE, SUITE 230 CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 vepon 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 of Judges enhancement of the Judges enhancement of the Judges enhancement of the Judges enhancement of the Judges enhancement of changed, or on an atta all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR