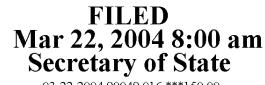
2004 FOR PROFIT CORPORATION ANNUAL REPORT



MAMÉ STREY ADDRESS CITY-ST-ZIP TITLE S MAME THOMPSON, PIERRE D STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # H15899 Description of the bluff utilities, inc.						04 90049 016 ***)	
Surior Apt #, etc. Surior Apr #, etc. Surior	66 CUNA ST. SUITE B		1985 MIZELL ROAD			was and the second of the seco			
City & State Ci	2. Principal Place of Business		3. Mailing Address						
Space Spac	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172004	Chg-P	CR2E034 (10/03)	
S. Cardicate of Status Desired Page Record S. Cardicate of Status Desired Page Record S. Cardicate of Status Desired Page Record Status Desired Record Status Desired Page Record Status Desired Page Record	City & State		City & State				800		• • • • • • • • • • • • • • • • • • • •
Name	Zip	Country	Zip	Country		5. Certificate of	Status Desired		
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	Registered Agent			7. Name and A	ddress of New	Registered Agent	
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Company Co	66 CUNA ST. SUITE B								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature hyero or princed rame of registered agent and title if applicable. (NOTE Registered Agent argument when remaining) DATE	01 A000.	37114E, 1 E 32304		City				Zip Co	de
TITLE MAME STRETADORESS CITY-ST-2IP TITLE NAME STRETADORESS CITY-S	the obligate SIGNATURE.	Signature, typed or printed name of registered agent a E NOWIII FEE IS \$150.00	nd title if applicable. (NOTE: 1	Registered Agent signat	iure required v	when (einstating)			
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET	1629	OFFICERS AND I	DIRECTORS	I 11		ADDITIONS/CI	HANGES TO OF	EICERS AND DIRECTOR	20 INL 4.1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	T RUNK, PAUL B 1985 MIZELL ROAD		TITLE NAME STREET ADDRESS		ADDITIONS/C	HANGES TO UP		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	S THOMPSON, PIERRE D P.O. BOX 70	☐ Delete	TITLE NAME STREET ADDRESS	Ρ;	5	V	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	RUNKIST, A.H. 61 DOLPHIN DRIVE	☐ Delete	NAME STREET ADDRESS	7P Ru1	NK SR.	, A. H.	,⊠ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-S1-ZIP STREET ADDRESS CITY-S1-ZIP	NAME STREET ADDRESS		☐ Delicite	NAME STREET ADDRESS				☐ Change	Addition
Let a therefore control that the information changed but this tilling done not qualify for the expension stated in Control 440 07/083. Floridge Control 440 07/083. Floridge Control 440 07/083.	NAME STREET AODRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					Addition

of the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04

904-471-4800 Daytime Phone #