


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # H44687 1. Entity Name BLACKWELL, INC.		
Principal Place of Business C/O C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	Mailing Address C/O C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	



03022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1609541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 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	S
NAME	HANLON, B. H.
STREET ADDRESS	20 DORNAFIELD DRIVE EAST, IPPEPEN, NEWTON
CITY- ST- ZIP	ABBOT DEVON TQ125YN, EN

TITLE	P
NAME	BLACKWELL, STELLA R
STREET ADDRESS	245 SUGARBERRY CIR
CITY- ST- ZIP	HOUSTON, TX

TITLE	CCEO
NAME	BLACKWELL, WILLIAM A. SR
STREET ADDRESS	245 SUGARBERRY CIR
CITY- ST- ZIP	HOUSTON, TX

TITLE	D
NAME	WORTHAM, R.W. III
STREET ADDRESS	1700 W LOOP S., STE 1235
CITY- ST- ZIP	HOUSTON, TX

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/11/05-80004-002 150.00

**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: William A. Blackwell WILLIAM A. BLACKWELL 03/31/05 713-266-0864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #