2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 OCT 18 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10132006 Chg-P CR2E034 (11/05)

DOCUMENT # J76977

1. Entity Name
BLAKE & BLAKE GENEALOGISTS, INC.

Principal Place of Business	Mailing Address
ONE MAIN ST. SUITE 206 TEQUESTA, FL 33469 US	ONE MAIN ST. SUITE 206 TEQUESTA, FL 33469 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number: 65-0002523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLAKE, JOAN C PRES.
ONE MAIN ST.
SUITE 206
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________ DATE

Amended AR is $61.25

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BLAKE, JOAN C PRES. ONE MAIN ST., SUITE 206 TEQUESTA, FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900008096522 9 10/18/06--01053--002 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKE, RICHARD DIR. ONE MAIN ST., SUITE 206 TEQUESTA, FL 33469	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON LANGEN, CLIFFORD ONE MAIN ST., SUITE 206 TEQUESTA, FL 33469	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Joan C Blake   October 16, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Joan C. Blake, President

JC 10/24