


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K09687</b>	
1. Entity Name <b>BLP ASSOCIATES, INC.</b>	

Principal Place of Business <b>13161 BURGUNDY DR. S PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>13161 BURGUNDY DR. S PALM BEACH GARDENS FL 33410 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0028540</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GOLDSTEIN, GILBERT 13161 BURGUNDY DR. S PALM BEACH GARDENS FL 33410</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 reconstituting)	DATE
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	<b>GOLDSTEIN, GILBERT</b>
STREET ADDRESS	<b>13161 BURGUNDY DR S.</b>
CITY - ST - ZIP	<b>PALM BCH. GARDENS FL</b>
TITLE	V <input type="checkbox"/> Delete
NAME	<b>SHAPIRO, PAUL</b>
STREET ADDRESS	<b>777 S. FLAGLER DR E.</b>
CITY - ST - ZIP	<b>W. PALM BCH FL</b>
TITLE	ST <input type="checkbox"/> Delete
NAME	<b>BREGMAN, HOWARD</b>
STREET ADDRESS	<b>777 S. FLAGLER DR E.</b>
CITY - ST - ZIP	<b>W. PALM BCH. FL</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>WOLDOW, ROBERT</b>
STREET ADDRESS	<b>2000 S. OCEAN BLVD</b>
CITY - ST - ZIP	<b>PALM BCH. FL</b>
TITLE	VP <input type="checkbox"/> Delete
NAME	<b>GITTIS, HOWARD</b>
STREET ADDRESS	<b>195 VIA DEL MAR</b>
CITY - ST - ZIP	<b>PALM BEACH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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03/04/06-80014-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 and empowered.

SIGNATURE: 	2/1/06	5616242244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #