


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # K09687 1. Entity Name BLP ASSOCIATES, INC.	
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Principal Place of Business 13161 BURGUNDY DR. S PALM BEACH GARDENS FL 33410 US	Mailing Address 13161 BURGUNDY DR. S PALM BEACH GARDENS FL 33410 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0028540
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent GOLDSTEIN, GILBERT 13161 BURGUNDY DR. S PALM BEACH GARDENS FL 33410	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	1100000442314	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP	03/04/06-80014-022 150.00	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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 of justice 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 information.

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