

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K72347

1. Entity Name
BLURUF CORP.



**FILED
Jan 08, 2007 8:00 am
Secretary of State**

01-08-2007 90249 018 ***150.00

40000259



01042007 Chg-P CR2E034 (12/06)

Principal Place of Business		Mailing Address	
22286 VICK ST PORT CHARLOTTE, FL 33980 US		22286 VICK ST PORT CHARLOTTE, FL 33980 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		1881 CITRON ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PT CHARLOTTE FL			
Zip	Country	Zip	Country
	USA	33980	USA
6. Name and Address of Current Registered Agent			
FEHR, JEFFREY 22286 VICK ST PORT CHARLOTTE, FL 33980			
7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
1881 CITRON ST			
City PT CHARLOTTE FL Zip Code 33980			

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 re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FEHR, JEFFREY 22286 VICK ST PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FEHR, RONALD 617 FURROWS ROAD HOLYSVILLE, NY	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

(Signature and typed or printed name of signing officer or director)

JEFFREY FEHR 1/4/07 941-206-2146

Date

Daytime Phone #