2003 FOR PROFIT CORPORATION

		M BUSINI					- Apr 10, 2003 8:00 am		
DOCUMENT # K82269 1. Entity Name BLUE WATER ENGINEERING & DESIGN, INC.							Secretary of State 04-10-2003 90095 013 ***150.00		
Principal Place of Business 91971 OVERSEAS HIGHWAY TAVERNIER FL 33070 US			P. O.	g Address BOX 819 RNIER FL 33070	<u> </u>				
Principal Place of Business 3. Mailing				ling Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State				City & State			4. FEI Number 65-0128301 Applied For Not Applicable		
Zip Country _			Zip		Country		5. Certificate of Status Desired		
	6. Name	and Address of Current	Registere	d Agent			7. Name and Address of New Registered Agent		
GRIERSON, MARILYN 91971 OVERSEAS HWY. TAVERNIER FL 33070					Street	Street Address (P.O. Box Number is Not Acceptable) AND CONTROLL OF THE STREET OF THE			
<u> </u>					City	>> (0.0	FL Zecode		
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 regulared agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIERSON 91971 OVE TAVERNIER	RSEAS HWY		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TA	Addition Addition Averses Highway AUERUEN. Fl. 33000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RICHARD ERSEAS HWY.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECANO TO TO	TARD HOPKINS Change Addition AND WELSEAS Highway DERNIEL FL. 33070		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRIERSON 91971 OVE TAVERNIER	RSEAS HWY.		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		
TITLE NAME Street Address City-St-Zip				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition		
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 exemption stated in Section 119.07(3)(i), 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 at other like empowered.

SIGNATURE: