2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jul 14, 2005 8:00 am Secretary of State DOCUMENTI # L04000083283 03-08-2005 90029 016 ****50 00 1. Entity Name BLUEPRINT ADVERTISING AND MARKETING, LLC Principal Place of Business Mailing Address 914 WATERSIDE DRIVE CELEBRATION FL 34747 PO BOX 470182 CELEBRATION FL 34747 30010125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) City & State 4. FEI Number Applied For City & State 27-0108961 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONALD-LEGER, MARIA L MARIA L 914 WATERSIDE DRIVE CELEBRATION FL 34747 Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when rainstating) Make Check Payable to Florida Department of State. Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE Change ☐ Addition ☐ Defete NAME BLUEPRINT HOLDING LLC NAME STREET ADDRESS PO BOX 470182 STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP **CELEBRATION FL 34747** TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ___ Deleta. . TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Addition TITL F TIDE ☐ Change C Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delate TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

ATTACHMENT 300/0105 L04000083283

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BLUEPRINT ADVERTISING AND MARKETING, LLC P. O. Box 470182 Celebration, FL 34747	20019335 1003
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ATTACHMENT 300/0125 BLUEPRINT ADVERTISING AND MARKETING, LLC

July 11, 2005

Florida Department of State Division of Corporations PO Box 6478 Tallahassee, Fl 32314

RE: Blueprint Advertising and Marketing, LLC L04000083283

Division of Corporations:

I received a notice in the mail regarding failure to file the annual report. I filed the annual report on March 4, 2005 and received a notice back, dated March 15, 2005 that I omitted the FEIN. I paid with check number 1003 which was subsequently cashed on March 8, 2005. I completed the missing information and mailed the form back on April 7, 2005 along with four (4) other annual reports that I also omitted the FEINs on.

The other company names and numbers are as follows:

Blueprint Transportation, LLC L04000083304 Blueprint Seminars, LLC L04000082533 Blueprint Holding, LLC L04000083288 J. Pierre Léger International, LLC L04000083307

I am submitting all of the forms for the five (5) companies again. If one was not received than all were not received as all forms were mailed in the same envelope.

Also please make sure that my proper name was changed on all companies. My name is Marla not Maria.

If you have any further questions, please contact my cell phone at 407-497-5948 or the mailing address for the companies at PO Box 470182, Celebration, FL 34747. I also included a copy of the cancelled check as a number is stamped on the check which may reference some internal filing system.

Thank you,

Marla L. McDonald-Léger