
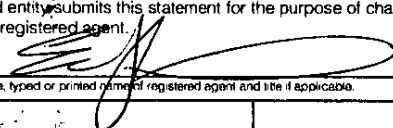



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90015 028 ****55.00

DOCUMENT #L05000032626 1. Entity Name BLUEPRINT TECHNOLOGIES, LLC					
Principal Place of Business 1142 GREENSTONE BLVD., APT. 100 HEATHROW, FL 32746			Mailing Address P.M.B. 108 7025 C.R. 46A, STE 1071 LAKE MARY, FL 32746		
2. Principal Place of Business 223 BLUE CRYSTAL DR.		3. Mailing Address 223 BLUE CRYSTAL DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELAND, FL.		City & State DELAND, FL.		4. FEI Number 65-1252039	
Zip 32720		Country VOLUSIA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBSEN, EUGENE 1142 GREENSTONE BLVD., APT. 100 HEATHROW, FL 32746		7. Name and Address of New Registered Agent Name JACOBSEN, EUGENE Street Address (P.O. Box Number is Not Acceptable) 223 BLUE CRYSTAL DR. City DELAND FL Zip Code 32720			
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  DATE 4-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACOBSEN, EUGENE 1142 GREENSTONE BLVD., APT. 100 HEATHROW, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			4-17-06 386-738-0801		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		