



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06684</b>	
1. Entity Name <b>BLOUNT I, INC.</b>	

Principal Place of Business <b>C/O RAATTAMA, HENRY H. JR. ONE SE 3RD AVE 28 FLOOR MIAMI, FL 33131 US</b>	Mailing Address <b>C/O RAATTAMMA, HENRY H. JR. ONE SE 3RD AVE 28 FLOOR MIAMI, FL 33131 US</b>
---	--

**DO NOT WRITE IN THIS SPACE**

	
01282004 No Chg-P	CR2E034 (10/03)
4. FEI Number <b>59-2467740</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RAATTAMA, HENRY H. JR.  
ONE SE 3RD AVE, 28TH FLOOR  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENT, THOMAS H. 265 BARTLEY DR. TORONTO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRENT, SANDRA E. 265 BARTLEY DR. TORONTO, CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREIGHTON, LISA A. 265 BARTLEY DR. TORONTO, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000103786  
04/05/04-80071-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **LISA CREIGHTON** **FEB 4/04 416-751-8717**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #