

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # M06684 1. Entity Name BLOUNT I, INC.	
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Principal Place of Business C/O RAATTAMA, HENRY H. JR. ONE SE 3RD AVE 28 FLOOR MIAMI, FL 33131 US	Mailing Address C/O RAATTAMMA, HENRY H. JR. ONE SE 3RD AVE 28 FLOOR MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2467740	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 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 reinstating) DATE _____

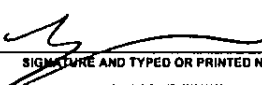
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000657246 03/14/07-80061-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRENT, THOMAS H. 27 KNIGHTSWOOD ROAD TORONTO, ONTARIO, CA M4N 2H2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRENT, SANDRA E. 27 KNIGHTSWOOD ROAD TORONTO, ONTARIO, CA M4N 2H2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREIGHTON, LISA A. 27 KNIGHTSWOOD ROAD TORONTO, ONTARIO, CA M4N 2H2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **LISA CREIGHTON** **FEB 19/07** **416-606-4036**

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