


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

07-07-2005 90008 046 \*\*\*150.00  
M85968

FILED

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<b>DOCUMENT # M85968</b> 1. Entity Name <b>ROYAL BLUEPRINT, INC.</b>	
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Principal Place of Business <b>738 EAST VENICE AVE "A" VENICE, FL 34285 US</b>	Mailing Address <b>738 EAST VENICE AVE "A" VENICE, FL 34285 US</b>
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**DO NOT WRITE IN THIS SPACE**

06282005 No Chg-P CR2E034 (10/03) 05

4. FEI Number <b>65-0052761</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CUNNINGHAM, ROBERT  
738 EAST VENICE AVE.  
APT. A  
VENICE, FL 34285**

**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:   
Signature, typed or printed name of registered agent and address, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT CUNNINGHAM, ROBERT W. 4500 MADDOCK CIR NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS FLURY, VERLENE 4500 MADDOCK CIR NORTH PORT, FL 34286
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**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:  **ROBERT CUNNINGHAM** 7-1-05 941-484-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #