2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2008 8:00 am **DOCUMENT # M85968** Secretary of State ROYAL BLUEPRINT, INC. 03-28-2008 90029 044 ***150.00 Principal Place of Business Mailing Address 738 EAST VENICE AVE "A" 738 EAST VENICE AVE "A" VENICE, FL 34285 US VENICE, FL 34285 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 65-0052761 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUNNUNGHAM, ROBERT Street Address (P.O. Box Number is Not Acceptable) 738 EAST VENICE AVE. APT. A VENICE, FL 34285 City 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change ☐ Addition CUNNINGHAM, ROBERT W. NAME CUNNINGHAM, ROBERT W. NAME 4500 MADDOCK CIRCLE STREET ADDRESS 2040 WILLOW HAMMOCK CIR #203 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-ST-ZIP NORTH PORT, FL 34286 TITLE ☐ Detete TITLE ☐ Change ☐ Addition **CUNNINGHAM, GUY** NAME NAME STREET ADDRESS 106 WILLOW STREET ADDRESS CITY-ST-ZIP SPARLAND, IL 61565 CITY-ST-7IP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-76 CITY-ST-ZIP

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^{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.