2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/9

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-09-2006 90014 010 *****8.75
08-22-2006 90030 048 ****52.50

DOCUMENT-#-N00000002668

1. Entity Name
THE BLUE WARRIORS, INC.

Principal Place of Business	Mailing Address
119 BOWSPIRIT DR. NORTH PALM BEACH FL 33408	119 BOWSPIRIT DR. NORTH PALM BEACH FL 33408

2nd MOORE CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
120 OCEAN GRANDE	
Suite, Apt. #, etc. BLDG 3 Suite 603	Suite, Apt. #, etc.
City & State JUPITER FLA	City & State
Zip 33477 Country USA	Zip Country

4. FEI Number 65-1021092 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAHON, BRUCE A ~~119 BOWSPIRIT DR.~~ ~~NORTH PALM BEACH FL 33408~~ **Bruce A. Mahon** **120 Ocean Grande Blvd.** **Bldg # 3, Suite 603** **Jupiter, FL 33477**	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE: B A Mahon 7/20/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing) DATE

FILE NOW: FEE IS $61.25, Due By September 6, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHON, BRUCE A 119 BOURSPRIT DR NORTH PALM BEACH FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALDALP, MIKE 56 COLONIAL CIRCLE BUFFALO NY 14213	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOGALIOUS, HENRY BOK 347 STEAM MILL RD MASONVILLE NY 13804	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: B A Mahon BRUCE A MAHON 7/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date