## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008267

FILED May 01, 2009 Secretary of State

Entity Name: BLUE PLANET INTERNATIONAL EXPLORERS' BAZAAR & WRITERS' ROOM, INC.

	Principal Place of Business:	New Principal Place of Business:	
	DSSING ROCKS CT NLM BEACH, FL 33407		
Current N	Nailing Address:	New Mailing Address:	
	DSSING ROCKS CT NLM BEACH, FL 33407		
n accordar	r: 26-3055126 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desire not receive the prior notice.  Name and Address of New Registered Agent:	ed ( )
5106 CRC	NO, CORA DSSING ROCKS CT NLM BEACH, FL 33407 US		
	e named entity submits this statement for th e of Florida.	e purpose of changing its registered office or registered agent,	or both,
SIGNATU	RE:		
	Electronic Signature of Registered A	Agent Date	
		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS
Γitle: Name: Address:	C () Delete KELLINGTON, ALYX 112 S M STREET LAKE WORTH, FL 33460	ADDITIONS/CHANGES TO OFFICERS AND DIF  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:	RECTORS
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	C () Delete KELLINGTON, ALYX 112 S M STREET	Title: ( ) Change ( ) Addition Name: Address:	RECTORS
OFFICER  Title: Name: Address: Dity-St-Zip:  Title: Name: Address: Dity-St-Zip:  Title: Name: Address: Dity-St-Zip:  Address: Dity-St-Zip:	C () Delete KELLINGTON, ALYX 112 S M STREET LAKE WORTH, FL 33460  VC () Delete BURNAFORD, GAIL PHD 2315 WATER CIRCLE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	RECTORS
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	C () Delete KELLINGTON, ALYX 112 S M STREET LAKE WORTH, FL 33460  VC () Delete BURNAFORD, GAIL PHD 2315 WATER CIRCLE BOCA RATON, FL 33486  S () Delete HYATT, SUSAN GAY 1434 CREST DR	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	RECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORA BRESCIANO T 05/01/2009