2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N12432

Entity Name: BLUE HEAVEN, INC.

Current Principal Place of Business:

729 THOMAS ST
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

729 THOMAS ST
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 59-2673090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KITCHAR, SUANNE
729 THOMAS ST.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KITCHAR, SUANNE
Address: 1701 WHITE ST.
City-St-Zip: KEY WEST, FL

Title: VD ( ) Delete
Name: CROCKETT, WILLIAM G.
Address: 729 THOMAS STREET
City-St-Zip: KEY WEST, FL

Title: VD ( ) Delete
Name: STILL, CATHERINE
Address: EAST LAKE SHORE
City-St-Zip: BIG FORK, MT

Title: STD ( ) Delete
Name: BAXTER, CHARLES A.
Address: EAST LAKE SHORE
City-St-Zip: BIG FORK, MT

Title: D ( ) Delete
Name: KITCHAR, SUANNE
Address: 1701 WHITE ST
City-St-Zip: KEY WEST, FL

Title: VD ( ) Delete
Name: HATCH, RICHARD
Address: 1701 WHITE ST.
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SUANNE M. KITCHAR PD 04/24/2009

Electronic Signature of Signing Officer or Director Date