

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 29, 2011
Secretary of State

DOCUMENT# N38173

Entity Name: BLIND AMERICANS, INC.**Current Principal Place of Business:**C/O ROBERT M. KROKKER
6055 N.CARL G. ROSE HWY.
HERNANDO, FL 344422140 US**New Principal Place of Business:****Current Mailing Address:**6055 N CARL G. ROSE HWY.
HERNANDO, FL 344422140 US**New Mailing Address:****FEI Number:** 59-3009855**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KROKKER, ROBERT M
8391 N. TEE LAKE POINT
HERNANDO, FL 32642 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:** DP
Name: KROKKER, ROBERT M
Address: 8391 N.TEE LAKE PT.
City-St-Zip: HERNANDO, FL 32642 US**Title:** VD
Name: MIEKKA, JAMES
Address: 5689 W THOMAS CT
City-St-Zip: HOMOSASSA, FL 34446**Title:** T
Name: SOJKA, LINDA J
Address: 2791 E MARY LUE ST
City-St-Zip: INVERNESS, FL 34453**Title:** S
Name: MITCHELL, SUE A
Address: 10237 N ALLEGHENY WAY
City-St-Zip: CITRUS SPRINGS, FL 34434

I hereby 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 all other like empowered.

SIGNATURE: ROBERT KROKKER

PRES

06/29/2011

Electronic Signature of Signing Officer or Director

Date