2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000026567

FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90085 028 ***150.00

1. Entity Nami BLUE STR		TWORKING, INC.									
Principal Place of Business 2077 RANGE ROAD CLEARWATER, FL 33765			Mailing Address 2077 RANGE ROAD CLEARWATER, FL 33765					940	3917	3	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02262004	Chg-P	CR2E03	4 (10/03)		
City & State			City & State			4. FEI Numi 59-36				plied For t Applicable	
Zip Country		Country	Zip Coun		itry	5. Certificat	e of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
KOEHLER, JOHN A					Name Robert C. Burke Jr.						
2402 BYRG	ANE NC	FL 34689			Street Access (P.O. Box Number is Not Acceptable) 20059 U.S. Hwy 19 N, Suite 100						
					City C7		- Inva-	FL	Zip Code		
					, CT,	earwater					
	named entity ions of registe Signature, tibed o	Albmits this statemen for the red agent.	mh		2	quired when reinstating)	July and the State Of S	DATE	uriniai wiii.		
		FEE IS \$150.00 Fee will be \$550.00	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees					
10.		OFFICERS AND D	RECTORS	11.			CHANGES TO O			3 IN 11	
THILE	D		☐ Delete	TITL	E]	D/P		2	Change	Addition	
NAME	KOEHLER	, JOHN A		NAM	1E [Koehler,	John A				
STREET ADDRESS 2402 BYRON LANE				STR		3012 Woo		ane			
CITY-ST-ZIP TARPON SPRINGS, FL 34689				CITY		<u>Clearwa</u> t					
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STREET ADDRESS				STR		2077 Rar					
CITY-ST-ZIP				CITY		Clearwat		22765			
IITLE			☐ Delete	TITE	ξ .	D/T	CI , III	22107	☐ Change	XX Addition	
NAME				NAM:	AE	Christi	Tidah	<u> </u>			
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CITY-ST-ZIP				CIT		2077 Rar					
THILE			☐ Delete	TITI	.E	Clearwat	er, FL	33765	Change	Addition	
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NAME	1				ME						
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP	1			CIT	Y-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

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3/3/2004

813-818-5103