2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040089

FILED Feb 20, 2006 Secretary of State

Entity Name: BLAIR & CO. INVESTMENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 8812 VENTURE COVE TAMPA, FL 33637 **Current Mailing Address: New Mailing Address:** 8812 VENTURE COVE TAMPA, FL 33637 FEI Number: 59-3643678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IMPSON, MERLE B PRES 8812 VENTURE COVE TAMPA, FL 33637 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CFO (X) Change () Addition IMPSON, MERLE B Name: Name: IMPSON, MERLE B 5001 LANGDALE WAY 8812 VENTURE COVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33637 Title: Title: () Delete (X) Change () Addition Name: IMPSON, CHERYL Name: IMPSON, CHERYL 5001 LANGDALE WAY 8812 VENTURE COVE Address: Address: TAMPA, FL 33647 TAMPA, FL 33637 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: VPGM IMPSON, DARREN B IMPSON, DARREN B Name: Name: 9450 HUNTERS POND 8812 VENTURE COVE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33637 Title: (X) Delete Title: () Change () Addition IMPSON, TAMARA L Name: Name: Address: 4009 ORANGEFIELD PL Address: City-St-Zip: VALRICO, FL 33547 City-St-Zip: Title: (X) Delete Title: () Change () Addition IMPSON, TIFFANY M Name: Name: 4009 ORANGEFIELD PL Address: Address: City-St-Zip: VALRICO, FL 33547 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MB IMPSON CEO 02/20/2006