

2007 FOR PROFIT CORPORATION ANNUAL REPORT


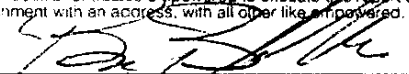
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Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90004 044 ***150.00

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02272007 Chg-P CR2E034 (12/06)

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|---|--|---|--|
| DOCUMENT # P0000049154 | |  | |
| 1. Entity Name BLAKESLEE SERVICES INC | | | |
| Principal Place of Business 161 SEBASTIAN BLVD #108 SEBASTIAN, FL 32958 | | Mailing Address 161 SEBASTIAN BLVD #108 SEBASTIAN, FL 32958 | |
| 2. Principal Place of Business - No P.O. Box # 161 Sebastian Blvd. #308 | | 3. Mailing Address 161 Sebastian Blvd. #308 | |
| Suite, Apt. #, etc Sebastian, FL 32958 | | Suite, Apt. #, etc Sebastian, FL 32958 | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 65-1006632 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLAKESLEE, WILLIAM S 161 SEBASTIAN BLVD #108 SEBASTIAN, FL 32958 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 161 Sebastian Blvd. #308 City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and role if applicable (NOTE: Registered Agent signature required when registering)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D BLAKESLEE, WILLIAM S 161 SEBASTIAN BLVD #108 SEBASTIAN, FL 32958 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 161 Sebastian Blvd. #308 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. | | | |
| SIGNATURE:  | | Bill Blakeslee | 2-27-07 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | 772-388-0419 Dialing Prefix * |