2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000050916

1. Entity Name
BLUECOAT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
3200 NORTH FEDERAL HIGHWAY #39272 FORT LAUDERDALE, FL 33339	P.O. BOX 8817 FORT LAUDERDALE, FL 33310

DO NOT WRITE IN THIS SPACE

04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1009655
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SINGHAL, ROY
3200 NORTH FEDERAL HWY
FORT LAUDERDALE, FL 33339

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SINGHAL, ROY
STREET ADDRESS	3200 NORTH FEDERAL HIGHWAY #39272
CITY-ST-ZIP	FORT LAUDERDALE, FL 33339
TITLE	VP
NAME	SINGHAL, DAVID
STREET ADDRESS	3200 NORTH FEDERAL HIGHWAY #39272
CITY-ST-ZIP	FORT LAUDERDALE, FL 33339
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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05/14/07-30017-001 158.75

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: _____ April 23, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #