**2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P00000103782 May 10, 2001 8:00 am Blue Anchor USA Corp. **Secretary of State** 05-10-2001 90133 027 \*\*\*150.00 Principal Place of Business Mailing Address 7061 Grand National Dr. 7061 Grand National Ar Z- 201 te 105 - I Suite 105-3 Orlando - FL - 38819 ann63324 Orlando - FL 3. Mailing Address 7061 Grand Nacional Drive 11952 Grew Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Svite 105-I City & State Orlando - Florida City & State 4. FEI Number Applied For -Florida 59-3678962 Orlando Not Applicable Zip 38819 Country Orange \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kenneth R. Washburn Street Address (P.O. Box Number is Not Acceptable) 7061 Grand National Drive Suite 105-3 - Orlando - FL Zip Code FL 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 Fiorida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change [ 1 Addition waldir Valentim Kanneth R. Washburn NAME 11952 Greco Drive STREET ADDRESS STREET ADDRESS 7061 Grand National Drive Suite 105-3 CITY-ST-ZIP CITY-ST-ZIP Orlando-FL 38813 Orlando-FL 32824 ☐ Delete TITLE TITE F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SR2E034 (11/00

Daytime Phone #