


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000085413	
1. Entity Name BLOUNT COMMUNICATIONS CORPORATION	

Principal Place of Business 824 E ATLANTIC AVE, STE 7 DELRAY BEACH, FL 33483	Mailing Address 824 E ATLANTIC AVE, STE 7 DELRAY BEACH, FL 33483
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04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3358426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  BLOUNT, GREGORY JAMES 824 E ATLANTIC AVE, STE 7 DELRAY BEACH, FL 33483
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retesting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLOUNT, GREGORY JAMES 824 E ATLANTIC AVE, #7 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLOUNT, GREGORY JAMES 824 E ATLANTIC AVE, #7 DELRAY BEACH, FL 33483
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05/02/06-80021-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_