

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90013 014 \*\*\*150.00

<b>DOCUMENT # P01000085413</b> 1. Entity Name <b>BLOUNT COMMUNICATIONS CORPORATION</b>					
Principal Place of Business <b>824 E ATLANTIC AVE, STE 7 DELRAY BEACH, FL 33483</b>			Mailing Address <b>824 E ATLANTIC AVE, STE 7 DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business - No P.O. Box # <b>235 SE 5th Ave</b> Suite, Apt. #, etc. <b>R</b>		3. Mailing Address <b>235 SE 5th Ave</b> Suite, Apt. #, etc. <b>R</b>			
City & State <b>Delray Beach, FL</b>		City & State <b>Delray Beach, FL</b>		4. FEI Number <b>11-3358426</b>	
Zip <b>33483</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLOUNT, GREGORY JAMES 824 E ATLANTIC AVE, STE 7 DELRAY BEACH, FL 33483</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>235 SE 5th Ave #R</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33483</b>	
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 <b>4/20/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOUNT, GREGORY JAMES 824 E ATLANTIC AVE, #7 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLOUNT, GREGORY JAMES 824 E ATLANTIC AVE, #7 DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE <b>4/20/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					