


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 8:00 am
Secretary of State


07-21-2005 90032 009 ***150.00

DOCUMENT # P01000086689 1. Entity Name BLUE NIRVANA, INC.	
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Principal Place of Business 1224 KINGS AVENUE JACKSONVILLE, FL 32207	Mailing Address 1821-7 Parental Hwy Rd. JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE

50056842



07152005 No Chg-P CR2E034 (10/03)

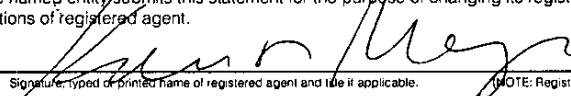
4. FEI Number 59-3743033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mayer, Kevin F
1224 Kings Avenue
Jacksonville, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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 07-15-05

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
Due by September 7, 2005

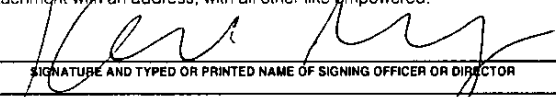
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILL, DEREK D 1224 KINGS AVENUE JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYER, KEVIN F 1224 KINGS AVENUE JACKSONVILLE, FL 32207
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**

12. I hereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 07-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

5056842

Blue Nirvana, Inc.

1821-7 Parental Home Rd.
Jacksonville, Florida 32216
(904) 733-4547
(904) 725-9980 Fax

July 15, 2005

Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

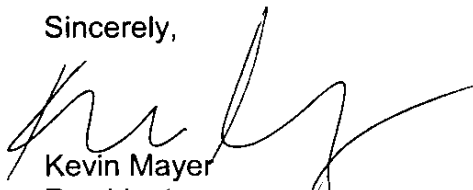
RE: Document # P01000086689
EIN # 59-3743033

To Whom It May Concern:

This letter is in response to the conversation we had with your office on July 01, 2005. We have received a notice stating that our corporation is going to be dissolved for non payment of the corporate annual report. Therefore we have called your office and explained that we did mail a check, however we did not mail in the form. We were advised that the check was mailed back to us and that we should mail another check with the Annual form. So, we have filled out the Corporate Annual Report form and a new check. We were also advised to put in writing that we tried to pay this timely and that the penalty will be waived. Please help us resolve this matter and please abate any penalties that may have been charged to our account. Please feel free to contact me or my Bookkeeper at the above number.

I look forward to resolving this matter fairly with you.

Sincerely,



Kevin Mayer
President