


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90035 006 ***150.00

DOCUMENT # P01000092016	
1. Entity Name BLAIR PLASTERING INC.	

Principal Place of Business 201 RIVER BEND RD ORMOND BEACH FL 32174	Mailing Address 201 RIVER BEND RD ORMOND BEACH FL 32174
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2. Principal Place of Business - No P.O. Box # 271 CR 200	3. Mailing Address 271 CR 200
Suite, Apt. #, etc.	Suite, Apt. #, etc.

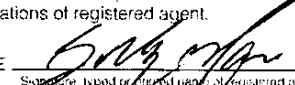
City & State Bunnell FL	City & State Bunnell FL
Zip 32110	Country U.S.
Zip 32110	Country U.S.

4. FEI Number 59-3744263	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAIR, BOBBY 201 RIVER BEND ROAD ORMOND BEACH FL 32174	
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7. Name and Address of New Registered Agent Name Bobby Blair Street Address (P.O. Box Number is Not Acceptable) 271 CR 200 City Bunnell FL Zip Code 32110	
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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 3-21-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE Bobby Blair Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAIR, BOBBY		NAME 271 CR 200	
STREET ADDRESS 201 RIVERBEND ROAD		STREET ADDRESS Bunnell FL 32110	
CITY-ST-ZIP ORMOND BEACH FL 32174		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	DATE: 3-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	