2005 FOR PROFIT CORPORATION

Apr 19, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000101271 1. Entity Name BL INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 4745 SUTTON PARK COURT 4745 SUTTON PARK COURT BUILDING 500, SUITE 501 BUILDING 500, SUITE 501 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3751488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BARTLETT & DEAL, P.A. DO NOT WRITE 135 PROFESSIONAL DR., STE. 101 PONTE VEDRA BEACH, FL 32082 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000316709 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 04/19/05-80085-008 150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME LENDRY, BRYAN 4745 SUTTON PARK COURT BLDG. 500 STE, 501 STREET ADDRESS JACKSONVILLE, FL 32224 CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 Stätutes. I further certify that the information indicated on this report or supplemental peopt 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 trusted 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, while all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

FILED