## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 08, 2007 08:00 AM **DOCUMENT # P02000022122 Secretary of State** BLYAR CONSULTING, INC. Principal Place of Business Mailing Address C/O RAYMOND BAUCH, 2 SAN MARCO CT. C/O RAYMOND BAUCH, 2 SAN MARCO CT. PALM COAST, FL 32137 PALM COAST, FL 32137 No Cha-P CR2E034 (11/05) 03052007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2032293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BAUCH, RAYMOND** DO NOT WRITE 2 SAN MARCO CT. PALM COAST, FL 32137 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 trie if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BAUCH, RAYMOND L NAME STREET ADDRESS 2 SAN MARCO CT. CITY-ST-7IP PALM COAST, FL 32137 U00000659870 03/19/07-80004-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 eath; 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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3/6/2007

386 446-4460

**FILED**