


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90006 040 ***158.75

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| DOCUMENT # P02000036371 | | | |  | |
| 1. Entity Name UNDERGROUND BLUZ, INC. | | | | | |
| Principal Place of Business 2495 LANCIER CRT ORLANDO, FL 32826 | | | Mailing Address 2495 LANCIER CRT ORLANDO, FL 32826 | | |
| 2. Principal Place of Business - No P.O. Box # 12261 UNIVERSITY BLVD | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORLANDO, FL | | City & State | | 4. FEI Number 82-0538370 | |
| Zip 32817 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WHITCOMB, BETTY S 1721 CAROLYN COURT ST. CLOUD, FL 34769 | | | 7. Name and Address of New Registered Agent Name BETTY S. WHITCOMB Street Address (P.O. Box Number is Not Acceptable) 2495 LANCIER COURT City ORLANDO FL Zip Code 32826 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHITCOMB, BETTY S 1721 CAROLYN COURT ST. CLOUD, FL 34769 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHITCOMB, BETTY S 2495 LANCIER COURT ORLANDO, FL 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: Betty S Whitcomb 2-27-07 407-928-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #