2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000042861

Entity Name: HOUSE OF BLUEPRINTS, INC

FILED Apr 19, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4965 E. COUNTY HWY. 30-A SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** 4965 E. COUNTY HWY. 30-A SANTA ROSA BEACH, FL 32459 FEI Number: 75-3046154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UHLFELDER, DANIEL W UHLFELDER, DANIEL W 3092 W. COUNTY ROAD 3A 3092 W. COÚNTY ROAD 30A US SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32459 US 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. SIGNATURE: 04/19/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BARRETT, JEFF BARRETT, JEFF T Name: Name: 193 LAKE POINTE DRIVE 193 LAKE POINTE DRIVE Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: Title: () Delete () Change () Addition BARRETT, ALI Name: Name: 193 LAKE POINTE DRIVE Address: Address: SANTA ROSA BEACH, FL 32459 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition UHLFELDER, STEVEN J Name: Name: 2519 HARRIMAN CIRCLE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF BARRETT С 04/19/2005