

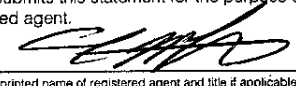
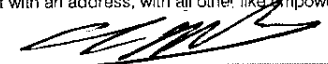


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90045 013 ***150.00

DOCUMENT # P02000055003 1. Entity Name BLUE WATER EQUITIES, INC.					
Principal Place of Business 696 FOUNTAINHEAD WAY NAPLES, FL 34103				Mailing Address 696 FOUNTAINHEAD WAY NAPLES, FL 34103	
2. Principal Place of Business 3096 Tamiami Trail N Suite, Apt. #, etc. Suite 4 City & State Naples, FL Zip 34103 Country Collier		3. Mailing Address PO Box 767 Suite, Apt. #, etc. City & State NAPLES, FL Zip 34103 Country Collier			
02092004 Chg-P CR2E034 (10/03)				4. FEI Number 61-1446202	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRUGGER, JOHN N 600 5TH AVENUE SOUTH SUITE 207 NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Carl M. Fernstrom Street Address (P.O. Box Number is Not Acceptable) 3096 Tamiami Trail N Suite 4 City Naples FL Zip Code 34103		
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: 2/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	P FERNSTROM, CARL M 696 FOUNTAINHEAD WY NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3096 Tamiami Trail N, Ste 4 34103, Naples, FL	<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
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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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
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 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: 			2/10/04 239-403-9700 <small>Date Daytime Phone #</small>		