
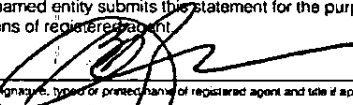
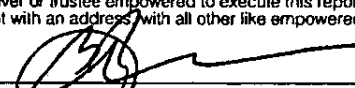


FILED
Sep 21, 2004 8:00 am
Secretary of State

08-23-2004 90013 026 ***150.00

DOCUMENT # P02000059958		Secretary of State 08-23-2004 90013 026 ***150.00	
1. Entity Name BLUE LAGOON WATERFALLS, INC.			
Principal Place of Business 208 LAKE OSBORNE DR LAKE WORTH FL 33461		Mailing Address 208 LAKE OSBORNE DR LAKE WORTH FL 33461	
2. Principal Place of Business 208 LAKE OSBORNE DR Suite, Apt. #, etc. LAKE WORTH City & State FLA. Zip 33461		3. Mailing Address 208 LAKE OSBORNE DR Suite, Apt. #, etc. LAKE WORTH City & State FLA. Zip 33461	
6. Name and Address of Current Registered Agent SCHOLIN, CHRISTIAN N 505 S FLAGLER DR, STE 400 W PALM BCH FL 33401		7. Name and Address of New Registered Agent Name Scholin Christian Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Dr. Suite 400 City W. Palm Beach FL Zip Code 33401	
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 		President of Blue Lagoon Waterfalls Inc 8/19/2004 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PAQUIN, BENNY 208 LAKE OSBORNE DR LAKE WORTH FL 33461		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	
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	
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: 		8/19/2004 561-236-1897 Daytime Phone #	