


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 31, 2008 8:00 am**  
**Secretary of State**

07-31-2008 90043 047 \*\*\*150.00

<b>DOCUMENT # P02000059958</b>	
1. Entity Name <b>BLUE LAGOON WATERFALLS, INC.</b>	

Principal Place of Business <b>208 LAKE OSBORNE DR LAKE WORTH, FL 33461</b>	Mailing Address <b>208 LAKE OSBORNE DR LAKE WORTH, FL 33461</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip Country	City & State  Zip Country
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4011630



07182008 Chg-P CR2E034 (12/06)

4. FEI Number <b>02-0610997</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHOLIN, CHRISTIAN N 505 S FLAGLER DR STE 400 W PALM BCH, FL 33401</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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I, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAQUIN, BENNY 208 LAKE OSBORNE DR LAKE WORTH, FL 33461</b> <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 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: 	Date <b>July 28 / 2008</b> (561) 236-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

ATTACHMENT

40112404

Monday, July 28, 2008

# P02000059958

Blue Lagoon Waterfalls inc.  
208, Lake Osborne dr  
Lake Worth, FL 33461

To who it may concern ,

Blue Lagoon Waterfalls inc. is a corporation since 2002, and this year, we sent you a check (like every year) for the amount of \$150.00. The check has been returned to me ... I think that the report was not filled out correctly... I never received any notices until recently... This time I filled out your form and I mail you back the check. Hopefully everything will be to your satisfaction... You can reach me at any time on my cell phone if you have any question or fax me or e-mail me...

Thank you for your help !

Benny Paquin, President of  
Blue Lagoon Waterfalls inc.  
Cell: (561)236-1896  
Fax: (561)586-3565  
E-mail: [benny@bluelagoonwaterfalls.net](mailto:benny@bluelagoonwaterfalls.net)

