


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000074461</b> 1. Entity Name <b>BLENDER TENDER, INC.</b>	
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Principal Place of Business <b>15788 NORTH DALE MABRY HWY TAMPA, FL 33618</b>	Mailing Address <b>C/O HARTMAN AND HARTMAN CPAS PA 11404 1/2 N 56TH ST TAMPA, FL 33617</b>
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01042007 No Chg-P CR2E034 (11/05)

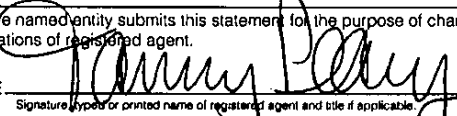
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>22-3856831</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PEAVY, TAMMY 15788 N DALE MABRY HWY TAMPA, FL 33618</b>
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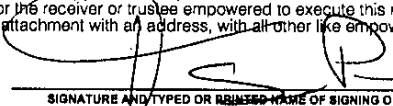
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 1/15/7 DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000593878 01/22/07-80048-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEAVY, TAMMY 15788 N DALE MABRY HWY TAMPA, FL 33618
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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.	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/15/7 7863123 Date Daytime Phone #