2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P02000077956 1. Entity Name 04-22-2004 90022 039 ***150 00 BLUEWATER INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address 2101 SCENIC HWY., G-203 PENSACOLA FL 32503 2101 SCENIC HWY., G-203 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address 3871 Whispening P. hes 3871 Whispering Pines Dr Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For City & State **NO-T APPLICABLE** Ponsacolo Pensacols Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32504 Escambia Fee Required 32504 Escansiz 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Carter, Brown BROWN, CARTER---Street Address (P.O. Box Number is Not Acceptable) 2101 SCENIC HWY, G-203 PENSACOLA FL 32503 Pines OC Uhispering City 32-204 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. Cattle registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PSTD **PSTD** TITLE Delete TITLE Change Addition CUHEY Brown BROWN, CARTER NAME NAME 3871 Whispeing Pixes Dr 2101 SCENIC HWY., G-203 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CiTY-ST-7/P Pensecok F1 32504 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete -TITLE ~ — ☐ Change — ☐ Addition= NAME NAME - STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Y-12-02

Daytime Phone #