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Mar 21, 2008 8:00 am
Secretary of State

02-06-2008 90023 037 ***138.75
03-21-2008 90021 034 ****11.25

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000081137

1. Entity Name
BLUEWATER CENTER, INC.

400497117

Principal Place of Business	Mailing Address
3705 DELWOOD DR PANAMA CITY BEACH, FL 32408	3705 DELWOOD DR PANAMA CITY BEACH, FL 32408

01142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
430 W. 5th St.		430 W. 5th St.	
Suite, Apt. #, etc.: Suite 310		Suite, Apt. #, etc.: Suite 310	
City & State: Panama City FL		City & State: Panama City FL	
Zip: 32401	Country: USA	Zip: 32401	Country: USA

4. FEI Number: 43-1969119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DERRICK
101 HARRISON AVE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Christopher A. Hine DATE 2/4/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HINE, CHRIS		NAME	
STREET ADDRESS	3705 DELWOOD DR		STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: Christopher A. Hine 2/4/08 850-215-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #