

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015552

FILED
May 08, 2006
Secretary of State

Entity Name: BLUE'S HOME & ELDERCARE SERVICES, INC.

Current Principal Place of Business:

723 S 13TH ST
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

84316 ST PAUL BLVD
YULEE, FL 32097

Current Mailing Address:

PO BOX 15633
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 56-2321945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE, LUCY
723 S 13TH ST
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

BLUE, LUCY
84316 ST PAUL BLVD
YULEE, FL 32097 US

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.

SIGNATURE: LUCY M BLUE

05/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLUE, LUCY
Address: PO BOX 15633
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: VP () Delete
Name: BLUE, LUCY
Address: PO BOX 15633
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: TR () Delete
Name: BLUE, LUCY
Address: PO BOX 15633
City-St-Zip: FERNANDINA BEACH, FL 32035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY M BLUE

P

05/08/2006

Electronic Signature of Signing Officer or Director

Date