
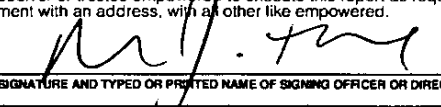


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90107 044 \*\*\*150.00

<b>DOCUMENT # P03000019982</b> 1. Entity Name <b>BLUEPEPPER TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>4613 UNIVERSITY DR #302</b> <b>CORAL SPRINGS, FL 33067 US</b>			Mailing Address <b>4613 UNIVERSITY DR #302</b> <b>CORAL SPRINGS, FL 33067 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>32-0063223</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MILCHMAN, HOWARD J P.A.</b> <b>9600 W SAMPLE RD STE 507</b> <b>CORAL SPRINGS, FL 33065</b>			Name <b>TRANK, MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4613 UNIVERSITY DR. #302</b> City <b>PARKLAND</b> <b>FL</b> Zip Code <b>33067</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			DATE <b>4/4/2005</b>		
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TRANK, MICHAEL</b> <b>4613 UNIVERSITY DR #302</b> <b>CORAL SPRINGS, FL 33067</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	<b>VSD</b> <b>USSAR, CARRIE</b> <b>4613 UNIVERSITY DR #302</b> <b>CORAL SPRINGS, FL 33067</b> <input type="checkbox"/> Delete		TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<b>UNGAR, CARRIE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>UZZUDUN, VIVIANA</b> <b>4613 UNIVERSITY DR #302</b> <b>CORAL SPRINGS, FL 33067</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	
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	
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 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4/4/2005</b> DAYTIME PHONE # <b>954-340-4055</b>		

## ATTACHMENT

POB 0006619982  
20065457

July 15, 2005

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern,

Attached you will find a check for \$150.00 for the 2005 For Profit Corporation Annual Report.

We apologize for not sending it earlier. Apparently the form was sent to our registered agent: Howard Milchman, P.A. who was out of the office for several months due to illness.

With the form, we are changing the Registered Agent to myself to avoid this from occurring in the future. Thank in advanced for your understanding.

Sincerely,



Michael J. Trank  
Ph.: 954-340-4055