FILED Apr 01, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P03000062201 04-01-2008 90009 013 ***150.00 BLUE DOT INTERNATIONAL, INC. Principal Place of Business Mailing Address 1201 NW 5TH.AVE. 1201 NW 5TH.AVE. BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Incipal Place of Bulines Mailing Addres Suite, Apt, #, etc. Suite, Apt. #, etc. 03182008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 56-2365502 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Address of Current Registered Agent Name and Address of New Registered Agent GAILIUNAS, BRUNO ress (P.O. Box Number is Not Acceptable) 1201 NW 5TH.AVE. BOCA RATON, FL 33432 City 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. Signature, typed or grinted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution, . . Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE -Delete TITLE Addition NAME GAILIUNAS, BRUNO NAME STREET ADDRESS 1201 NW 5TH.AVE. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition GUNGOR, ANUCHKA NAME NAME STREET ADDRESS 1201 NW 5TH.AVE. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-\$1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Channe Addition NAME NAME -----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP _12. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with a possible changed. blied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in proof is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director be empowered to execute this report as required by Chapter 607, Florida Statutes; and that myname appears in Block 10 or Block 11 is didness, with all other like empowered.

E OF SIGNING DEFICER OR DIRECTOR