

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90043 045 \*\*\*150.00

60007930



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

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DOCUMENT # P03000083220

1. Entity Name  
 BLUEFIN INVESTMENT GROUP, INC.



Principal Place of Business  
 10428 INVERNESS DR  
 JACKSONVILLE, FL 32257

Mailing Address  
 P.O. BOX 57363  
 JACKSONVILLE, FL 32241

6. Name and Address of Current Registered Agent

~~GOPELAND, DANIEL M ESQ~~ ~~4686 SUNBEAM RD~~ ~~SUITE 246~~ ~~JACKSONVILLE, FL 32257~~  
 JAMES PIOTROWSKI  
 117 Edgewater Branch Dr  
 Jacksonville Fl 32259

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PIOTROWSKI, JAMES M
STREET ADDRESS	<del>10428 INVERNESS DR</del> 117 Edgewater Branch Dr
CITY-ST-ZIP	JACKSONVILLE, FL <del>32257</del> 32259
TITLE	D
NAME	PIOTROWSKI, TRACEY L
STREET ADDRESS	<del>10428 INVERNESS DR</del> 117 Edgewater Branch Dr
CITY-ST-ZIP	JACKSONVILLE, FL <del>32257</del> 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

Date

9045687182

Daytime Phone #