2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085065

Name:

Address:

City-St-Zip:

ARDITO, ANTHONY J

4731 W. ATLANTIC AVE., STE. 19

DELRAY BEACH, FL 33445

Entity Name: BLUEWATER DESIGNS INC

FILED Apr 21, 2009 Secretary of State

Entity Nar	ne: BLUEW.	ATER DESIGNS, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
4731 W. ATLANTIC AVENUE SUITE 19					
DELRAY B	EACH, FL 3	3445			
Current M	ailing Addre	ess:	New Mailing Address	New Mailing Address:	
4731 W. ATLANTIC AVENUE SUITE 19					
DELRAY B	EACH, FL 3	3445			
FEI Number:	05-0580781	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BARBOSA 223 VIA D'I #1909 DELRAY B		3445 US	BARBOSA, JIMMY 224 VIA D'ESTE #1201 DELRAY BEACH, FL	224 VIA D'ÉSTE	
The above in the State		submits this statement for the	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			04/21/2009	
	Electro	nic Signature of Registered	Agent	Date	
Election Can	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BARBOSA, RO 4731 W. ATLA) Delete DSA C NTIC AVE., STE. 19 CH, FL 33445	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BARBOSA, JÌI 4731 W. ATLA) Delete MMY NTIC AVE., STE. 19 CH, FL 33445	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V/S () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROSA BARBOSA P 04/21/2009