2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085356

Entity Name: BLUE RIVER CONSULTANTS, INC.

FILED Feb 09, 2006 Secretary of State

597 COREY AVE 9889 SW 186 AV

ST PETE BEACH, FL 33706 DUNNELLON, FL 34432

Current Mailing Address: New Mailing Address:

597 COREY AVE 1375 PINELLAS BAYWAY ST PETE BEACH, FL 33706 #30

TIERRA VERDE, FL 33715

FEI Number: 41-2106764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WADSWORTH, LON C

597 COREY AVE
ST PETE BEACH, FL 33706 US

WADSWORTH, CRAIG D
1375 PINELLAS BAYWAY
#30

ST PETE BEACH, FL 33706 US #30 TIERRA VERDE, FL 33715 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: CRAIG D WADSWORTH 02/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 WADSWORTH, CRAIG D
 Name:

 Address:
 1375 PINELLAS BAYWAY #30
 Address:

 City-St-Zip:
 TIERRA VERDE, FL 33715
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WADSWORTH, LON C
 Name:
 WADSWORTH, DEVON R

 Address:
 597 COREY AVE
 Address:
 9889 SW 186 AVE

 City-St-Zip:
 ST PETE BEACH, FL 33706
 City-St-Zip:
 DUNNELLON, FL 34432

Title: STD (X) Delete Title: () Change () Addition

 Name:
 WADSWORTH, JUDY K
 Name:

 Address:
 597 COREY AVE
 Address:

 City-St-Zip:
 ST PETE BEACH, FL 33706
 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: CRAIG D WADSWORTH PD 02/09/2006