

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089731

FILED
Apr 29, 2005
Secretary of State

Entity Name: BLUESTONE BUSINESS SOLUTIONS INC.

Current Principal Place of Business:

5070 CENTRAL SARASOTA PKWY STE 312
SARASOTA, FL 34238

New Principal Place of Business:

3465 ALRED RD
NORTH PORT, FL 34286

Current Mailing Address:

5070 CENTRAL SARASOTA PKWY STE 312
SARASOTA, FL 34238

New Mailing Address:

3465 ALRED RD
NORTH PORT, FL 34286

FEI Number: 04-3770031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOCUM, ROBERT S
5070 CENTRAL SARASOTA PKWY STE 312
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

SLOCUM, ROBERT S
3465 ALFRED RD
NORTH PORT, FL 34286 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: ROBERT SLOCUM

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLOCUM, ROBERT S
Address: 5070 CENTRAL SARASOTA PKWY STE 312
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: COX, CHRISTINA A
Address: 5070 CENTRAL SARASOTA PKWY, #312
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SLOCUM, ROBERT S
Address: 3465 ALRED RD
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change () Addition
Name: COX, CHRISTINA A
Address: 3465 ALRED RD
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT SLOCUM

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date