


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90029 041 ***150.00

DOCUMENT # P03262	
1. Entity Name BLUE LINE REALTY, INC.	

** NEX ADDRESS CHANGES*

20030901

Principal Place of Business 330 FIFTH AVENUE SUITE 400 NEW YORK, NY 10001	10 W. 33 rd ST SUITE 728 NY NY 10001	Mailing Address 330 FIFTH AVENUE SUITE 400 NEW YORK, NY 10001	10 W. 33 rd ST. SUITE 728 NY NY 10001
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1580284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GILDAN, HERBERT L. 1645 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33402

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORR, KENNETH R 330 FIFTH AVENUE - STE. 400 NEW YORK, NY 10001 <i>10 W. 33rd ST SUITE 728 NY NY 10001</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCFD HAUCK, DAVID W 77 EAST ANDREWS DR., N.W. #369 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SNYDER, GARY E. 3290 NORTHSIDE PKWY. STE. 400 ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Kenneth R Orr* 4/7/05 212 563-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #