2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUME 1. Entity Name ROYAL BLUE	943				F L 05 SEP 16	PM 12: 36		
Principal Place of E 11632 INNFIELD ODESSA, FL 335	DR 56	Mailing Address 11632 INNFIELD DR ODESSA, FL 33556		SECRETARY OF STATE TALLAHASSEE, FLORIDA 50066928				
2. Principal Place 11632 Suite, Apt. #, etc	Innifields Or.	3. Mailing Address 11632 Innfi Suite, Apt. #, etc.	elds D	<u>)r. </u>	08182005	Chg-P	CR2E034 (10/03)	
233556	Sa, FL Country	Ödessa 33556	FL			- 2683419 of Status Desired		
6. Name and Address of Current Registered Agent CAMPBELL, ELIZABETH 11632 INNFIELD DR ODESSA, FL 33556				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Colosco FL Zip Gode 555 5				
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								
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 Signature, typed or printed name of registered agent and tallo if applicable. (NOTE: Registered Agent signature required agent signature required prints applicable. (NOTE: Registered Agent signature required applicable. (NOTE: Registered Agent signature required agent agen						In accordance wi	ith s. 607.193(2)(b) tot receive the prior	, F.S., the notice.
NAME CA STREET ADDRESS 110	OFFICERS AND I ST MPBELL, ELIZABETH 632 INNFIELD DR DESSA, FL 33556	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	CHANGES TO OFFICE Innafields TI: 335	Change Or.	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES: CITY-ST-ZIP	5			☐ Change	Addition
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 a address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING SECTION DIRECTOR Date Date Date								

ATTACHMENT SOUD 6728

ROYAL BLUE STABLES, INC.

11632 Innfields Drive Odessa, Fl. 33556

August 15th, 2005

Florida Department of State Secretary of State Glenda E. Hood Division of Corporations P.O. Box 6327, Tallahassee, Fl. 32314

Re: Document # P04000002943

Dear Sir/Madam,

I did not receive my notice to renew my annual corporate report. Therefore enclosed please find my cheque in the amount of \$ 150.00.

Please abate the penalties.

Thank you in advance for your consideration in this matter.

Sincerely yours,

Elizabeth A. Campbell

President



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 18, 2005

ROYAL BLUE STABLES, INC. 11632 INNFIELD DR ODESSA, FL 33556

SUBJECT: ROYAL BLUE STABLES, INC.

Ref. Number: P04000002943

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel Document Specialist

Letter Number: 205A00052701