


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90092 003 \*\*\*150.00

<b>DOCUMENT # P04000037348</b>	
1. Entity Name BLU AT 5 POINTS, INC.	

Principal Place of Business 820 POST STREET JACKSONVILLE, FL 32204	Mailing Address Sibyl Ranier 3334 BRAHMA COURT JACKSONVILLE, FL 32226 1666 Lane Ave S Jacksonville, FL 32210
<b>DO NOT WRITE IN THIS SPACE</b>	



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0821178	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  EVANS, JOHN R JR 1212 TALBOT AVE JACKSONVILLE, FL 32205	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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	V HAWARAH, JAYME 2989 DOWNING ST APT 3 JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EVANS, JOHN R JR 1212 TALBOT AVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWARAH, NORMA 820 POST STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS RANIER, SIBYL P 1666 LANE AVE S JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Sibyl P. Ranier Sibyl P. Ranier 3/22/07 9047812926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #