## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000056137

SARASOTA, FL 34240

City-St-Zip:

Entity Name: THE BLIND FOX, INC.

FILED May 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1937 PALM VIEW RD SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 1937 PALM VIEW RD SARASOTA, FL 34240 FEI Number: 47-0939955 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: CHRISTALDI, RONALD A 101 E KENNÉDY BLVD **SUITE 3400** TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FOXALL, DAVID Name: Name: 1937 PALM VIEW RD Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FOXALL. MICHELLE Name: 1937 PALM VIEW RD Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID FOXALL PRES 05/01/2007