2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P04000059776

Entity Name: BLMD, INC.

Current Principal Place of Business:

21278 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

21278 FALLS RIDGE WAY
BOCA RATON, FL 33428

New Mailing Address:

PO BOX 971051
BOCA RATON, FL 3497

FEI Number: 34-1998759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVAGE, PATRICK W
21278 FALLS RIDGE WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

MAZER, JON
7700 W CAMINO REAL
SUITE 404
BOCA RATON, FL 33433 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: JON MAZER 04/26/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAVAGE, PATRICK W
Address: 21278 FALLS RIDGE WAY
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: MAZER, JON G
Address: 6100 GLADES ROAD #310
City-St-Zip: BOCA RATON, FL 33434

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SAVAGE, PAUL E
Address: 1130 W CORNELIA, UNIT J
City-St-Zip: CHICAGO, IL 60657

Title: D ( ) Change (X) Addition
Name: CASEY, RICHARD
Address: 3799 ROUTE 46 EAST, SUITE 209
City-St-Zip: PARSIPANNY, NJ 07054

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: PATRICK W SAVAGE PRES 04/26/2005
Electronic Signature of Signing Officer or Director Date