

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090337

FILED
Aug 31, 2005
Secretary of State

Entity Name: OPENBLU INC.

Current Principal Place of Business:

1091 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334 US

New Principal Place of Business:

4980 NE 11TH AVE
SUITE D
FT. LAUDERDALE, FL 33334 US

Current Mailing Address:

1091 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334 US

New Mailing Address:

4980 NE 11TH AVE
SUITE D
FT. LAUDERDALE, FL 33334 US

FEI Number: 20-1227485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURTGIS, MATTHEW P
1091 E. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

KURTGIS, MATTHEW P
4980 NE 11TH AVE
SUITE D
FT. LAUDERDALE, FL 33334 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:

08/31/2005

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:

Title: P () Delete
Name: KURTGIS, MATTHEW P
Address: 821 N 28TH AVE
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP () Delete
Name: BRUNI, ANDRE T
Address: 1885 PALM COVE BLVD #107
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: T () Delete
Name: BRBOVIC, FARUK
Address: 3521 W HILLSBORO BLVD #J204
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: S () Delete
Name: LOTTERMANN, JASON
Address: 1885 PALM COVE BLVD #107
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: AS () Delete
Name: LOTTERMANN, KIM
Address: 5749 WIND DRIFT LANE
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: KIM J LOTTERMANN

DIR

08/31/2005

Electronic Signature of Signing Officer or Director

Date