

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90401 014 \*\*\*150.00

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<b>DOCUMENT # P04000099471</b> 1. Entity Name <b>BLUE DAISY EXPRESS SERVICES, INC.</b>					
Principal Place of Business <b>610 CAMDEN RD ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>610 CAMDEN RD ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business <b>5850 LAKEHURST DR. Suite, Apt. #, etc. 150-24</b>		3. Mailing Address <b>5850 LAKEHURST DR. Suite, Apt. #, etc. 150-24</b>		04272005    Chg-P    CR2E034 (10/03)	
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>02-0727625</b>	
Zip <b>32819</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PINTO, ROSEANE A 610 CAMDEN RD ALTAMONTE SPRINGS, FL 32714</b>				7. Name and Address of New Registered Agent Name <b>PINTO, ROSEANE A</b> Street Address (P.O. Box Number is Not Acceptable) <b>5850 LAKEHURST DR. # 150-24</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32819</b>	
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: <u><i>Roseane Pinto</i></u> <u>Roseane Pinto</u> <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PINTO, ROSEANE A 610 CAMDEN RD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST PINTO, ROSEANE A 5850 LAKEHURST DR. # 150-24 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.					
SIGNATURE: <u><i>Roseane Pinto</i></u> <u>(ROSEANE PINTO)</u>			<u>4/26/05</u> <u>(407)3704633</u> <small>Date    Daytime Phone #</small>		