


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90056 002 ***150.00

DOCUMENT # P04000125411	
1. Entity Name POWDERBLU, INC.	

Principal Place of Business 6782 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446	Mailing Address 6782 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 1911 South FEDERAL HWY Suite, Apt. #, etc. #1250	3. Mailing Address SAME Suite, Apt. #, etc.
City & State DELRAY BEACH FL	City & State
Zip 33483	Country USA

4. FEI Number 20-1546739	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 MAURICE, SHELLEY B ESQ. 11076 S. MILITARY TRAIL BOYNTON BEACH FL 33436	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALDIERI, RICHARD P 6782 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS 1911 South FEDERAL Hwy Suite 1250 DELRAY BEACH, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACHNER, DONNA 6782 ROYAL ORCHID CIRCLE DELRAY BEACH FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 1911 South FEDERAL Hwy Suite 1250 DELRAY BEACH, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 reports 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: _____ 2/8/05 561-400-1875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR