2005 FOR PROFIT CORPORATION

Apr 21, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-21-2005 90239 041 ***150.00 **DOCUMENT # P04000127832** 1. Entity Name BLUE INVESTMENT SERVICES, INC. Principal Place of Business Mailing Address 156 BEACH ROAD 156 BEACH ROAD SARASOTA, FL 34242 SARASOTA, FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 CR2E034 (10/03) FEI Number City & State Applied For City & State 20-1638334 Not Applicable Coninius " Zip Country \$8.75 Additional ... Zip -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENÉVA ROAD SÖUTH SARASOTA, FL 34233 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition TITLE ☐ Delete DAVIDOFF, JERI M NAME NAME STREET ADDRESS STREET ADDRESS 156 BEACH ROAD CITY-ST-ZIP SARASOTA, FL 34242 CITY-ST-7IP ☐ Delete ☐ Chance Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY+ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

FILED