


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 004 ***150.00

DOCUMENT # P04000147860 1. Entity Name BLUE NEST INVESTMENT CORPORATION					
Principal Place of Business 8349 SW 107 AVE B MIAMI, FL 33173			Mailing Address 8349 SW 107 AVE B MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box # 911 Edison Ave Suite, Apt. #, etc.			3. Mailing Address 911 Edison Ave Suite, Apt. #, etc.		
City & State Lehigh Acres Zip 33936		City & State Lehigh Acres Zip 33936		4. FEI Number 20-1802383	
Country Florida		Country Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTERRA, ANTHONY 8349 SW 107TH AVE B MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Cuterra, Anthony Street Address (P.O. Box Number is Not Acceptable) 911 Edison Ave City Lehigh Acres FL Zip Code 33936	
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>Anthony Cuterra</i></u> P.T. <u><i>Anthony Cuterra P.T. 4/14/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. T CUTERRA, ANTHONY 8349 SW 107TH AVE., APT B MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T Cuterra, Anthony 911 Edison Ave Lehigh Acres, FL 33936
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUTERRA, LUZ M 8349 SW 107TH AVE., APT B MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cuterra, Luz M. 911 Edison Ave Lehigh Acres, FL 33936
		<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			
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Anthony Cuterra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>4/14/07</i></u> <u><i>239 303-2029</i></u> <small>Date Daytime Phone #</small>		

40064350



02132007 Chg-P CR2E034 (12/06)