2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P04000157747 02-21-2007 90021 035 ***150.00 1. Entity Name **BLUE CENTAUR INC** Principal Place of Business Mailing Address 60017290 4763 NW 61ST AVE 4763 NW 61ST AVENUE OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6400 NW 50th AUE 6400 NW 50th AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 02172007 CR2E034 (12/06) 4. FEI Number Applied For OCALA, FU 20-1905336 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLASTRO AMALIA CASTRO, AMALIA Street Address (P.O. Box Number is Not Acceptable) 6400 NW 50+h AVE 4763 NW 61ST AVENUE OCALA, FL 34482 34482 Zip Code 8. The above named entity submits this state pent 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 registered agent. agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DSVP TITLE ☐ Delete TITLE DSVP □ Change CASTRO CRISTOBAL CASTRO, CRISTOBAL NAME NAME 6400 NW 50th AVE STREET ADDRESS 4763 NW 61ST AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 City-St-ZIP OCALA, FL 34482 DPT DPT ☐ Delete TITLE Change Ch ■ Addition TITLE CASTRO, AMALIA 6400 NW SOTH AVE NAME NAME CASTRO, AMALIA STREET ADDRESS 4763 NW 61ST AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP OCALA, FL 34482 ☐ Defete TITLE TITLE ☐ Channe ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z#P TITLE ☐ Addition TITLE ☐ Delete ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-2IF ☐ Delete ☐ Change ■ Addition TIRLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 empowereous 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 adopted, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

2.17.04

(352)622-6989

FILED Feb 21, 2007 8:00 am

2007 FOR PROFIT CORPORATION

ATTACHMENT

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DOCUMEN (# P04000157747						
	1. Entity Name BLUE CENTAUR INC					
	V Table					
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				600	017290	
DO NOT WRITE IN THIS SPACE				01082007 No	Chg-P CR2	E034 (11/05)
				4. FEI Number Applied For		
				20-1905336 5. Certificate of State		Not Applicable \$8.75 Additional
	6. Name and Address of Current Re	gistered Agent				Fee Required
CASTRO,				DO NO	T WRIT	F
OCALA, FI	61ST AVENUE _ 34482	IN THIS SPACE				
					0 0.7.0	
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	Mulial		****			
$\overline{}$	Signature, typed or printed name of registered agent and		d Agent signature required	when reinstaling)	DATE	
FILI After Ma	E N O W!!! FEE IS \$150.00 ay 1 \ 2007 Fee will be \$550.00	S. Election Campaign Finan Trust Fund Contribution.	· _ +•.	00 May Be ed to Fees	•	
10.	OFFICERS AND DI	RECTORS	<u> </u>			
NAME	CASTRO, CRISTOBAL					
STREET ADDRESS CITY-ST-ZIP	4763 NW 61ST AVE OCALA, FL 34482					
TITLE	DPT	Same de	1		•	
NAME STREET ADDRESS	CASTRO, AMALIA 4763 NW 61ST AVE					
CITY-ST-ZIP	OCALA, FL 34482					
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12. I hereby co	ertify that the information supplied with the on this report or supplemental report is tri	s filing does not qualify for the exe	mptions contained	in Chapter 119, Florida	Statutes, I further or	ertify 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 refleiver 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 appress, with all other like empowered.						
SIGNATURE 2.17.07 (352) 622 6989						
		TED NAME OF SIGNING OFFICER OR DIRECT	ÒR	Det	10	Daytme Phone #