

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90021 035 \*\*\*150.00

60017290



02172007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000157747</b> 1. Entity Name <b>BLUE CENTAUR INC</b>					
Principal Place of Business <b>4763 NW 61ST AVENUE OCALA, FL 34482</b>			Mailing Address <b>4763 NW 61ST AVE OCALA, FL 34482</b>		
2. Principal Place of Business - No P.O. Box # <b>6400 NW 50th AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>6400 NW 50th AVE</b> Suite, Apt. #, etc.			
City & State <b>OCALA, FL</b> Zip <b>34482</b>		City & State <b>OCALA, FL</b> Zip <b>34482</b>		Country <b>USA</b>	
4. FEI Number <b>20-1905336</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CASTRO, AMALIA 4763 NW 61ST AVENUE OCALA, FL 34482</b>			7. Name and Address of New Registered Agent Name <b>CASTRO AMALIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6400 NW 50th AVE</b> <b>OCALA</b> <b>34482</b> City <b>FL</b> 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: <u><i>Amalia</i></u> DATE: <u>2.17.07</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP CASTRO, CRISTOBAL <input type="checkbox"/> Delete <b>4763 NW 61ST AVE OCALA, FL 34482</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CASTRO CRISTOBAL 6400 NW 50th AVE OCALA, FL 34482</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input type="checkbox"/> Delete <b>CASTRO, AMALIA 4763 NW 61ST AVE OCALA, FL 34482</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CASTRO, AMALIA 6400 NW 50th AVE OCALA, FL 34482</b>	
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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>Amalia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2.17.07</u> (352)622-6989 <small>Daytime Phone #</small>		

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ATTACHMENT

DOCUMENT # P04000157747

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Mailing Address  
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.17.07

Date

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Daytime Phone #