

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157998

Entity Name: ASI BLUE, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

8800 NW 13 TERR UNIT 103
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1021 CALLE RECODO
SAN CLEMENTE, CA 92673

New Mailing Address:

FEI Number: 01-0823916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUMPH, ROBERT M
8800 NW 13TH TERRACE #103
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRYDE, NEIL
Address: 8800 NW. 13 TERR. UNIT 103
City-St-Zip: MIAMI, FL 33172

Title: DTVP () Delete
Name: LUI, PETER
Address: 8800 NW 13 TERR UNIT 103
City-St-Zip: MIAMI, FL 33172

Title: P () Delete
Name: SCATURO, ANTHONY
Address: 8800 NW 13 TERR UNIT 103
City-St-Zip: MIAMI, FL 33172

Title: CFOS () Delete
Name: RUMPH, ROBERT
Address: 8800 N.W. 13 TERR. UNIT 103
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PRYDE, NEIL F
Address: 8800 NW 13 TERR UNIT 103
City-St-Zip: MIAMI, FL 33172

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. RUMPH

CFOS

01/16/2009

Electronic Signature of Signing Officer or Director

Date