2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166149

Entity Name: J. BLODGETT, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3349 DIVIDING OAKS CT 3700 MARBON ROAD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223

Current Mailing Address: New Mailing Address:

3349 DIVIDING OAKS CT 3700 MARBON ROAD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223

FEI Number: 20-1964247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BLODGETT, JASON BLODGETT, JASON 3349 DIVIDING OAKS CT 3700 MARBÓN ROAD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 US US

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: 04/30/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCFO () Delete Title: PCFO. (X) Change () Addition BLODGETT, JASON Name: BLODGETT, JASON 3349 DIVIDING OAKS CT 3700 MARBON ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223

Title: Title: () Delete (X) Change () Addition

BLODGETT, DIONNE Name: BLODGETT, DIONNE Name: 3349 DIVIDING OAKS CT 3700 MARBON ROAD Address: Address: JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title:

BLODGETT, DIONNE BLODGETT, DIONNE Name: Name: 3349 DIVIDING OAKS CT 3700 MARBON ROAD Address: Address: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BLODGETT, JÁSON BLODGETT, JASON Name: Name: Address: 3349 DIVIDING OAKS CT Address: 3700 MARBON ROAD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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.

VΡ SIGNATURE: DIONNE BLODGETT 04/30/2006