2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000166176 03-22-2005 90011 044 ***158.75 BLUENET TECHNOLOGIES, INC. Mailing Address Principal Place of Business 15350 AMBERLY DRIVE #723 15350 AMBERLY DRIVE #723 TAMPA, FL 33647 **TAMPA, FL 33647** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03182005 CR2E034 (10/03) Chq-P City & State City & State 4. FEi Number Applied For 33-Not Applicable Zin Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLMES, JOHN V.A. ESQ Street Address (P.O. Box Number is Not Acceptable) 9421 TRADEPORT DRIVE ORLANDO, FL 32827 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 Signature, typed or ponted name of registered agent and litle if applicable, (NC/TE: Registored Agent signature required when remotehny) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Detete BRE ☐ Change ☐ Addition OZTURK, HILMI A NAME 15350 AMBERLY DRIVE #723 STREET ADDRESS STREET ADDRESS CITY~ST-ZIP TAMPA, FL 33647 CITY-ST-ZIP TITLE ☐ Delete Change Addition KOCA, KEREM KOCA, KEREM NAME NAME 2346 HILLARY CREST STREET #205 STREET ADDRESS 15350 AMBERLY DRIVE #723 STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-7IP TAMPA, FL 33647 CITY-ST-ZIP D Delete Change BILE TITLE Addition TUNA, OMER F 2613_ ROSE HAVEN DRIVE WESLEY CHAPEL, FL 33543 NAME TUNA, OMER F STREET ACCRESS 15350 AMBERLY DRIVE #723 STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP Delete ΠΤ⊦F TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete THILE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and acquired 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 employee this report as required by Chapter 607, Plorida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachmish with an analysis of the receiver or trustee employee the supplied of the corporation or the receiver or trustee employee this report as required by Chapter 607, Plorida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachmish with an analysis of the corporation of the 03/18/2005 (813)-334-2967 SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 22, 2005 8:00 am