2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE;

signature and typed or printed name of signing officer or director

John W. Harrison, President

FILED Apr 20, 2005 8:00 am Secretary of State

4/12/05 (850) 837-2590

DOCUMENT # P04000172260 1. Entity Name COBALT BLUE MOSAIC, INC.								04-20-2005 90363 012 ***150.00				
Principal Place	e of Business	Mailing A	Mailing Address									
1234 AIRPOI	RT ROAD	1234 AI	1234 AIRPORT ROAD									
SUITE 124			SUITE 124					5	Ann.	1356		
DESTIN, FL	32541	DESTIN,	DESTIN, FL 32541				PRIN GIRII GRIN RENI REII			-		
2. Principal P	lace of Busine	3. Mailing	3. Mailing Address									
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.				Chg-P	CR2E034 (10/03)		
City & State			City & S	City & State			4. FEI Numb	or 062548		\rightarrow	ied For Applicable	
Zip	Country		Zip	Zip Cour		try	5. Certificate of Status Desired See Required			onal		
							Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name					
HARRISOI	N IOHN V	vi		-		ivalie -						
HARRISON, JOHN W 1234 AIRPORT ROAD						Street Address (P.O. Box Number is Not Acceptable)						
SUITE 124		-										
DESTIN, F	L FL											
						City Zip Code						
6 The above	named eatity	submite this statement	for the purpose	of changing its	rogistor	nd office or rec	pictored agent, or be	th in the State of Ele		iar with ar		
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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution						ncing	\$5.00 May Be Added to Fees			٠. ، ا لا	1777	
10.		DIRECTORS 11.				ADDITIONS	CHANGES TO OFF	ICERS AND DIR	ECTORS I	N 11:		
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NAME	HARRISON, JOHN W					E					i	
STREET ADORESS						ET ADORESS					ŀ	
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STREET ADDRESS CITY-ST-ZIP	· 1					-ST-ZIP			•]	
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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 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 the stee 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 tike appeared.												