2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000172260

1. Entity Name COBALT BLUE MOSAIC, INC.



FILED Apr 30, 2007 08:00 A **Secretary of State**

Principal Place of Business

1234 AIRPORT ROAD

SUITE 124 DESTIN, FL 32541 Mailing Address

1234 AIRPORT ROAD SUITE 124 DESTIN, FL 32541



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04242007 No Chg-P

Applied For 4. FEI Number 20-2062548 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, JOHN W 1234 AIRPORT ROAD **SUITE 124**

DO NOT WRITE IN THIS SPACE

DEGIN, TE TE					
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					
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T HARRISON, JOHN W 1234 AIRPORT ROAD, SUITE 124 DESTIN, FL 32541	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAIRSON, DEE A 1234 AIRPORT ROAD, SUITE 124 DESTIN, FL 32541				05/15/07-80089-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			1		

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 appears, with an other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND T PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 (850) 837-2590