2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006
Secretary of State

DOCUMENT# P05000021668

Entity Name: BLUE LEOPARD INC

Current Principal Place of Business:

C/O GRETA GEANKOPLIS
3100 N A1A UNIT 401
FT PIERCE, FL 34949

New Principal Place of Business:

Current Mailing Address:

C/O GRETA GEANKOPLIS
3100 N A1A UNIT 401
FT PIERCE, FL 34949

New Mailing Address:

FEI Number: 87-0735330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEANKOPLIS, GRETA
C/O GRETA GEANKOPLIS
3100 N A1A UNIT 401
FT PIERCE, FL 34949 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GEANKOPLIS, GRETA
Address: 3100 NORTH A1A UNIT 401
City-St-Zip: FT PIERCE, FL 34949

Title: D ( ) Delete
Name: GEANKOPLIS, NIKKI
Address: 4302 HILLVIEW DRPLIS
City-St-Zip: PITTSBURG, CA 94565

Title: D ( ) Delete
Name: SEGOND, STEVEN V
Address: 3100 NORTH A1A UNIT 401
City-St-Zip: FT PIERCE, FL 34949

Title: D ( ) Delete
Name: GEANKOPLIS, BRADLEY
Address: 11354 MOTHERLODE CIR
City-St-Zip: GOLDRIVER, CA 95670

Title: D ( ) Delete
Name: LLOYD, PENNY
Address: 7125 SPENCER LAKE RD
City-St-Zip: MEDINA, OH 44256

Title: D ( ) Delete
Name: BUTLER, MARK A
Address: 3100 NORTH A1A UNIT 401
City-St-Zip: FT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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.

SIGNATURE: STEVEN V. SEGOND D 07/24/2006

Electronic Signature of Signing Officer or Director — Date