


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90182 011 \*\*\*150.00

<b>DOCUMENT # P05000024342</b>	
1. Entity Name <b>BLACKBURN GROUP, INC.</b>	

Principal Place of Business <b>717 PINELAND TRAIL ORMOND BEACH, FL 32174</b>	Mailing Address <b>PO BOX 731585 ORMOND BEACH, FL 32173</b>
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2. Principal Place of Business - No P.O. Box # <b>1845 No US Hwy 1</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ormond Beach, FL</b>	City & State
Zip <b>32174</b>	Country <b>USA</b>

**60035640**



04282008 Chg-P CR2E034 (12/06)

4. FEI Number <b>41-2170366</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>SWEET, JEFFREY C 595 W. GRANADA BLVD. SUITE A ORMOND BEACH, FL 32174</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLACKBURN, ALDE M 717 PINELAND TRAIL ORMOND BEACH, FL 32174</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1651 Clark Bay Road Deland, FL 32724</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.

SIGNATURE: *Al Blackburn* **AL BLACKBURN, PRESIDENT** **4/28/08 (386) 676-4447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #