

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030015

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: BLUE NIGHT DEVELOPMENT, INC.

**Current Principal Place of Business:**

1137 BREEZE DRIVE  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8337  
SEMINOLE, FL 337758337

**New Mailing Address:**

FEI Number: 20-2295895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SETTLE, LAURIE  
1137 BREEZE DRIVE  
LARGO, FL 33770 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SETTLE, BRUCE W  
Address: 1137 BREEZE DR  
City-St-Zip: LARGO, FL 33770 US

Title: SEC ( ) Delete  
Name: SETTLE, LAURIE  
Address: 1137 BREEZE DR  
City-St-Zip: LARGO, FL 33770 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LAURIE SETTLE

SEC

03/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date