

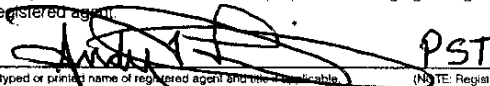
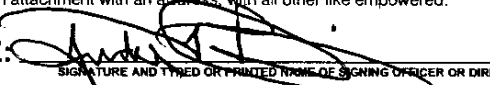


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000048781 1. Entity Name BLUEFLAME GROUP CORPORATION				FILED 07 MAR 12 PM 2:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 13089 SW 49TH CT MIRAMAR, FL 33027		Mailing Address 13089 SW 49TH CT MIRAMAR, FL 33027		02102007 Chg-P CR2E034 (12/06)	
2. Principal Place of Business - No P.O. Box # 6151 Miramar Parkway Suite, Apt. #, etc. Suite - 123 City & State Miramar, Florida Zip 33023 Country USA		3. Mailing Address 6151 Miramar Parkway Suite, Apt. #, etc. Suite - 123 City & State Miramar, Florida Zip 33023 Country USA			
4. FEI Number 27-0119274		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LEWIS, ANDRE T PSdT 13089 SOUTH WEST 49TH COURT MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6151 Miramar Parkway Suite - 123 City Miramar FL Zip Code 33023		
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:  PSdT DATE: 02/23/07 <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSdT LEWIS, ANDRE T <input type="checkbox"/> Delete 13089 SW 49TH CT MIRAMAR, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSdT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6151 Miramar Parkway Miramar, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOANA FACEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6151 Miramar Parkway Miramar, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600097951826 04/23/07--01005--012 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 07/3/12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			02/23/07 305-829-6844 <small>Date Daytime Phone #</small>		