## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000048781							G8-9 S				
1. Entity Name BLUEFLAME GROUP CORPORATION								LEC			
Principal Place	of Rusiness	Mailing Address	Mailing Address			08 JUL 16 AM 8: 21					
6151 MIRAMAR PARKWAY Suite 123		=	6151 MIRAMAR PARKWAY Suite 123			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			06292008	Chg-P	CR2E	034 (12/06)		
City & State		City & State	City & State			4. FEI Numb 27-011			<b>⊢</b> ⊢	plied For at Applicable	
Zíp	Country	Zip	Zip Count		5. Certificate		of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent							
LEWIS, ANDRE.T					Name						
	MAR PARKWAY	-		Street Address (P.O. Box Number is Not Acceptable)							
	FL 33023										
			City			FL Zip Code					
		or the purpose of changing its	s registere	L ed office or r	register	ed agent, or bo	th, in the State of	Florida, Lam	familiar with,	and accept	
the obligations of registered agent											
SIGNATURE Superior printer-same of registered against study if applicable. NOTE: Registered Agent signature required when remaining)  DATE											
FILE NOWILL FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Finar Trust Fund Contribution.					<b>\$5.</b> Adde	.00 May Be ed to Fees	In accordanc corporation d	e with s. 60' id not receiv	7.193(2)(b), ve the prior i	F.S., the notice.	
10.	OFFICERS AND DIRECTORS						/CHANGES TO O				
TITLE NAME	PST LEWIS, ANDRE T	L_J Delete	Delete TITLE NAME			100134356531					
STREET ADORESS CITY-ST-ZIP	6151 MIRAMAR PARKWAY, ST MIRAMAR, FL 33023	E 123	CITY-S			08/12/0801008023 **150.00				0.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FACEY, LORNA 6151 MIRAMAR PARKWAY, ST MIRAMAR, FL 33023	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		D PHI GIS MI	LLIPS, IMIRÁI RAMAR	LORNA MARPAR FL 330	KW44, 23	Change STE 12	Addition	
TITLE NAME STEET ADDRESS CITY-ST-ZIP				E Et adoress -st-zip		Change Addition FORGINA LEWIS 51 MIRAMAR PARKWAY, STE123 NRAMAR, FL 33023					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		١					□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		1				WA	☐ Change	Addition	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		☐ Delete						57	17/0	☐ Addition	
indicated	certify that the information supplied wit on this report or supplemental report poration or the receiver of trustee em- or on an attachment with an address	is true and accurate and that sowered to execute this report will all other like empowered	my signa rt as requi d.	iture shall ha ired by Cha	ave the potential average and the second sec	same legal effe	ct as if made und ies; and that my n	er oath; that I	am an officer	r or director	
SIGNATURE AND COMED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR  Date  Description of Descrip											