2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# P05000051487

Entity Name: BLIGE, INC.

Current Principal Place of Business:

2391 BENTWATER DRIVE WEST
JACKSONVILLE, FL 32246

New Principal Place of Business:

10273 NORMANWOOD CT
JACKSONVILLE, FL 32221

Current Mailing Address:

2391 BENTWATER DRIVE WEST
JACKSONVILLE, FL 32246

New Mailing Address:

10273 NORMANWOOD CT
JACKSONVILLE, FL 32221

FEI Number: 20-2627330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLIGE, STEVE
2391 BENTWATER DRIVE WEST
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

BLIGE, STEVE
10273 NORMANWOOD CT
JACKSONVILLE, FL 32221 US

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: STEVE BLIGE 05/02/2007
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: P ( ) Delete
Name: BLIGE, STEVE
Address: 2391 BENTWATER DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: BLIGE, AUDREY N
Address: 2391 BENTWATER DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete
Name: BLIGE, AUDREY N
Address: 2391 BENTWATER DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLIGE, STEVE
Address: 10273 NORMANWOOD CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: S (X) Change ( ) Addition
Name: BLIGE, AUDREY N
Address: 10273 NORMANWOOD CT
City-St-Zip: JACKSONVILLE, FL 32221

Title: T (X) Change ( ) Addition
Name: BLIGE, AUDREY N
Address: 10273 NORMANWOOD CT
City-St-Zip: JACKSONVILLE, FL 32221

I hereby certify that the information supplied with this filing does not qualify 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: STEVE BLIGE P 05/02/2007
Electronic Signature of Signing Officer or Director Date