2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052114

Entity Name: BLIND LUCK INVESTMENTS, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Outlette interpart face of Basiness.	11CW IIIIOIPAI IAOC OI BASIIICSS.

2100 CORAL WAY SUITE 502 MIAMI, FL 33145

6041 TWIN LAKE DRIVE MIAMI, FL 33143

Current Mailing Address:

New Mailing Address: 6041 TWIN LAKE DRIVE

2100 CORAL WAY SUITE 502

MIAMI, FL 33143

MIAMI, FL 33145

FEI Number:

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MUELLE, ERIK 2100 CORAL WAY SUITE 502 MIAMI, FL 33145 US MUELLE, ERIK

6041 TWIN LAKE DRIVE MIAMI, FL 33143

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.

Title:

SIGNATURE:

04/27/2006

Electronic Signature of Registered Agent

FEI Number Applied For (X)

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete CASTILLO, MIGUEL Name:

2100 CORAL WAY, SUITE 502 Address:

City-St-Zip: MIAMI, FL 33145

() Delete Title: Name: LLERNA, DANEIL

2100 CORAL WAY, SUITE 502 Address:

MIAMI, FL 33145 City-St-Zip:

Title: () Delete MUELLE, MELISSA Name:

2100 CORAL WAY, SUITE 502 Address:

City-St-Zip: MIAMI, FL 33145

CASTILLO, MIGUEL Name:

Address: 6041 TWIN LAKE DRIVE City-St-Zip: MIAMI, FL 33143

Title: (X) Change () Addition

LLERENA, DANIEL A Name: Address: 6041 TWIN LAKE DRIVE MIAMI, FL 33143 City-St-Zip:

Title: (X) Change () Addition

Name: MUELLE, MELISSA 6041 TWIN LAKE DRIVE Address: City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: MELISSA MUELLE D 04/27/2006