## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000060146

Title:

Name:

Address:

City-St-Zip:

Name: BLUE LIGHT INVESTMENTS, INCORPORATED

FILED Jun 29, 2007 Secretary of State

Entity Nam	IE: BLUE LIC	BHT INVESTMENTS, INCORPO	JKATED		
Current Pr	incipal Place	of Business:	New Principal Place of Business:		
7680 UNIVE SUITE 690 ORLANDO	ERSAL BLVD , FL 32819	US			
Current Ma	ailing Addres	ss:	New Mailing Address	New Mailing Address:	
7680 UNIVE	ERSAL BLVD				
ORLANDO	, FL 32819	US			
FEI Number:	20-3196337	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	HUMBERTO NCIA COLLE , FL 32825	GE LANE US			
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
	Electror	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ASENCIO, JUA 7406 GATHERI REUNION, FL	NG CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( CASTRO, YANI 7406 GATHERI REUNION, FL	NG CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( FARRAIT, CES 1321 BLACKW ORLANDO, FL	ATER POND	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	M ( TORRES, LUIS 1321 BLACKW ORLANDO, FL	ATER POND	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JUAN C ASENCIO P 06/29/2007

() Delete

( ) Change (X) Addition

SOTO, DAMARIS

1115 WATSON COURT

ORLANDO, FL 34747