



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90170 035 ***150.00

DOCUMENT # P05000068054 1. Entity Name BLUE SHARK PROPERTIES, INC.					
Principal Place of Business 1955 BRIDGEVIEW CR. ORLANDO, FL 32824			Mailing Address P.O. BOX 4823 WINTER PARK, FL 32793		
2. Principal Place of Business 2167 S. Kirkman Rd.		3. Mailing Address P.O. Box 4823		 04192006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 			
City & State Orlando, FL		City & State Winter Park, FL			
Zip 32811		Zip 32793			
Country USA		Country USA		4. FEI Number 20-364402	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAGANDA, AVI 1955 BRIDGEVIEW CR. ORLANDO, FL 32824				7. Name and Address of New Registered Agent Name Maganda, Avi Street Address (City, Box Number is Not Acceptable) 2167 S. Kirkman Rd. Apt. 202 City Orlando FL Zip Code 32811	
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 <u><i>Avi Maganda</i></u> - Avi Maganda DATE 04-21-06 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGANDA, AVI 1955 BRIDGEVIEW CR. ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAGANDA, AVI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2167 S. KIRKMAN RD. APT 202 ORLANDO, FL 32811	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGANDA, AVI 1955 BRIDGEVIEW CR. ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGANDA, AVI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2167 S. KIRKMAN RD. APT 202 ORLANDO, FL 32811	
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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	
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: <u><i>Avi Maganda</i></u> - Avi Maganda <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04-21-06 321)287-5340 <small>Date Daytime Phone #</small>		