


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90038 015 \*\*\*150.00

<b>DOCUMENT # P05000079120</b>	
1. Entity Name <b>BLUE RIBBON SALES &amp; SERVICES CORP.</b>	

Principal Place of Business <b>C/O HODGSON RUSS LLP 1801 N MILITARY TRAIL STE 200 BOCA RATON, FL 33431</b>	Mailing Address <b>C/O HODGSON RUSS LLP 1801 N MILITARY TRAIL STE 200 BOCA RATON, FL 33431</b>
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**60013162**



2. Principal Place of Business <b>1940 Howell Branch Road</b>	3. Mailing Address <b>2770 Long Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State <b>Winter Park, FL</b>	City & State <b>Grand Island, NY</b>
Zip <b>32792</b>	Country <b>US</b>
Zip <b>14072</b>	Country <b>US</b>

4. FEI Number <b>20-2967635</b>	Applied For <input type="checkbox"/> Not Applicable
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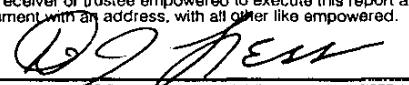
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>HRAWG CORP. 1801 N MILITARY TRAIL STE 200 BOCA RATON, FL 33431</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

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: <b>X</b>  <b>Donald J. Less, President</b>	Date <b>716-773-9300</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>