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Secretary of State
03-20-2006 90007 030 ***155.00

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000086947

1. Entity Name
BLAKE EDWARD HOME SERVICES INC

Principal Place of Business	Mailing Address
1805 1ST STREET VERO BEACH, FL 32962	1805 1ST STREET VERO BEACH, FL 32962

03152006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Po Box 678654		Po Box 678654	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO FL		City & State: ORLANDO FL	
Zip 32867	Country	Zip 32867	Country

4. FEI Number 20-2984289 ☐ Applied For ☐ Not Applicable

~~5. Certificate of Status Desired~~ ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUNDGREN, PATRICIA C
1805 1ST STREET
VERO BEACH, FL 32962

7. Name and Address of New Registered Agent
Name: BLAKE LUNDGREN
Street Address (P.O. Box Number is Not Acceptable): 1805 1 ST ST
City: VERO BEACH FL Zip Code 32962

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: [signature] PRESIDENT 15 MARCH 05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☒ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNDGREN, PATRICIA C 1805 1ST STREET VERO BEACH, FL 32962	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BLAKE LUNDGREN 1805 1ST ST VERO BCH FL 32962	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 15 MARCH 06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #