

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90205 009 \*\*\*150.00

<b>DOCUMENT # P05000127483</b> 1. Entity Name <b>THE BLUE DAISY USA INC</b>					
Principal Place of Business <b>THE COUNTING HOUSE 3000 E SUNRISE BLVD SUITE 11F FT LAUDERDALE, FL 33301</b>			Mailing Address <b>THE COUNTING HOUSE 3000 E SUNRISE BLVD SUITE 11F FT LAUDERDALE, FL 33301</b>		
2. Principal Place of Business - No P.O. Box # <b>3495 N. Dixie Hwy</b> Suite, Apt. #, etc. <b>BAY 3</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b>		3. Mailing Address <b>3495 N. Dixie Hwy</b> Suite, Apt. #, etc. <b>BAY 3</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b>		<div style="font-size: 24px; font-weight: bold;">60000968</div>	
4. FEI Number <b>20-4409699</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01052007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>GLASGOW, IRIS 3000 E SUNRISE BLVD SUITE 11F FT LAUDERDALE, FL 33304</b>			7. Name and Address of New Registered Agent Name <b>FABIO DEFILIPPI</b> Street Address (P.O. Box Number is Not Acceptable) <b>3495 N. Dixie Hwy, Bay 3</b> City <b>BOCA RATON</b> FL Zip Code <b>33431</b>		
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 <b>FABIO DEFILIPPI</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE <b>1/9/07</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>DEFILIPPI, FABIO</b> <b>C/O THECOUNTING HOUSE 3000 E SUNRISE BLVD</b> <b>FT LAUDERDALE, FL 33304</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3495 N. Dixie Hwy, Bay 3</b> <b>BOCA RATON, FL 33431</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>TONELLI, OMBRETTA</b> <b>C/O THE COUNTING HOUSE 3000 E SUNRISE BLVD</b> <b>FT LAUDERDALE, FL 33304</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3495 N. Dixie Hwy, Bay 3</b> <b>BOCA RATON, FL 33431</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CURINO, STEFANIA</b> <b>C/O THE COUNTING HOUSE 3000 E SUNRISE BLVD</b> <b>FT LAUDERDALE, FL 33304</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>250 N. Dixie Hwy, Bay 9</b> <b>HOLLYWOOD, FL 33020</b>	
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	
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>FABIO DEFILIPPI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>1/9/07</b>		