


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2006 8:00 am
Secretary of State

04-26-2006 90179 033 ***150.00

DOCUMENT # P05000129273 1. Entity Name: C - BLU, INC.					
Principal Place of Business 12157 WEST LINEBAUGH AVENUE #310 TAMPA FL 33626 US			Mailing Address 12157 WEST LINEBAUGH AVENUE #310 TAMPA FL 33626 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-3570928	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REILY, AMY 11810 NORTH 56TH STREET SUITE B TAMPA FL 33617				7. Name and Address of New Registered Agent Name KENNETH S. ROBINSON Street Address (P.O. Box Number is Not Acceptable) 12157 W. LINEBAUGH AVE #310 City TAMPA FL 33626	
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 KENNETH S. ROBINSON (NOTE: Registered Agent signature required when reconstituting) DATE 3/23/06					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES ROBINSON, KENNETH S 12157 WEST LINEBAUGH AVENUE, #310 TAMPA FL 33626	<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	VP HAYNES, ANGELA B 12157 WEST LINEBAUGH AVENUE, #310 TAMPA FL 33626	<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	SEC HAYNES, ANGELA B 12157 WEST LINEBAUGH AVENUE, #310 TAMPA FL 33626	<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	TREA HAYNES, ANGELA B 12157 WEST LINEBAUGH AVENUE, #310 TAMPA FL 33626	<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 Section 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: KENNETH S. ROBINSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/23/06 Daytime Phone # 813.917.0260		