

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161693

Entity Name: BLUFF SUITES, INC.

FILED
May 09, 2006
Secretary of State

Current Principal Place of Business:

4009 EAST BLUFF AVE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

4009 EAST BLUFF AVE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 41-2189381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, DYANNE
17434 MAGGIE COURT
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURNS, DYANNE
Address: 17434 MAGGIE COURT
City-St-Zip: SPRING HILL, FL 34610

Title: V () Delete
Name: BURNS-ALCOCK, BARBARA
Address: 10802 W. HILLSBOROUGH AVE #1303
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DYANNE BURNS

P

05/09/2006

Electronic Signature of Signing Officer or Director

Date