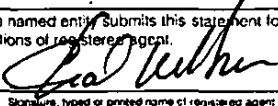
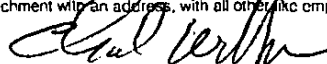


2007-FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

02-08-2007 90053 017 ***158.75

DOCUMENT # P06000008394			
1. Entity Name BLACKBELT 4 U INC			
Principal Place of Business 1415 SWEETWATER COVE #203 NAPLES, FL 34110		Mailing Address 1415 SWEETWATER COVE #203 NAPLES, FL 34110	
2. Principal Place of Business No P.O. Box # 20605 ARDORE LANE		3. Mailing Address 20605 ARDORE LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Estero FL		City & State Estero FL	
Zip 33928		Zip 33928	
Country		Country	
4. FEI Number 56-2552083		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name CHAD WILBUR Street Address (P.O. Box Number is Not Acceptable) 20605 ARDORE LANE City Estero FL Zip Code 33928	
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  PRES. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD WILBUR, CHAD 1415 SWEETWATER COVE #203 NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILBUR, CHAD 20605 ARDORE LANE ESTERO, FL 33928 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILBUR, EMMETT 1415 SWEETWATER COVE #203 NAPLES, FL 34110 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILBUR, EMMETT 2797 AMBERWOOD LANE NAPLES FL 34120 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		3/14/07 239 593 5456	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	