

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011053

Entity Name: BLUE PLANET EVENTS INC.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

855 NW 17TH AVE
SUITE B
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

855 NW 17TH AVE
SUITE B
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-4230949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, JUSTIN D
855 NW 17TH AVE
SUITE B
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

BELL, JUSTIN D JUSTIN
855 NW 17TH AVE
SUITE B
DELRAY BEACH, FL 33445 US

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: JUSTIN BELL

05/04/2009

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: BELL, JUSTIN D MR
Address: 855 NW 17TH AVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VP (X) Delete
Name: OTTO, EDGAR MR
Address: 6400 CONGRESS POINT, STE 2800
City-St-Zip: BOCA RATON, FL 33487 US

Title: CFO (X) Delete
Name: CHAPMAN, KAMALA
Address: 6400 CONGRESS AVE, STE 2800
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JUSTIN BELL

MGR

05/04/2009

Electronic Signature of Signing Officer or Director

Date