
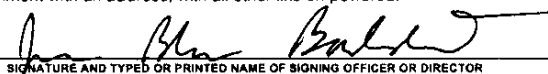


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90056 005 \*\*\*150.00

<b>DOCUMENT # P06000020911</b>					
<b>1. Entity Name</b> <b>BOULDIN HOLDINGS 1, INC.</b>					
<b>Principal Place of Business</b> <b>6424 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>			<b>Mailing Address</b> <b>5308 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>5308 Central Ave</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State <b>St Petersburg FL</b>		City & State			
Zip <b>33707</b>		Country <b>US</b>		Zip	
Country		Country		<b>4. FEI Number</b> <b>20-4348225</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>HAJEK, KAREN</b> <b>5308 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
SIGNATURE _____ DATE _____ <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</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S BOULDIN, JEREMY B 6424 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BOULDIN, JEREMY B 6424 CENTRAL AVENUE ST. PETERSBURG, FL 33707	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					