

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90092 045 ***150.00

DOCUMENT # P06000129008

1. Entity Name
BLUE DRAGONFLY, INC.



Principal Place of Business Mailing Address

1352 NE 163 ST. 1352 NE 163 ST.
 N. MIAMI BEACH, FL 33162 N. MIAMI BEACH, FL 33162

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

1555 North Park Drive 1555 North Park Drive
 Suite, Apt. #, etc. # Suite, Apt. #, etc.
 Suite 102 Suite 102

City & State City & State

Weston, Florida Weston, FL

Zip Country Zip Country

33326 USA 33326 USA



01102007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-5830763 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSS, BRADLEY J. ESQ.
 3111 STIRLING RD.
 FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name Eliot Corvin
 Street Address (P.O. Box Number is Not Acceptable)
 1885 Hidden Trail Lane
 City Weston, FL Zip Code 33327

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: *Eliot Corvin* DATE: 1/25/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D	TITLE	
NAME	CORVIN, ELIOT	NAME	
STREET ADDRESS	1352 NE 163 ST.	STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Eliot Corvin, President* DATE: 1/15/07 DAYTIME PHONE #: 954-318-3969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #