

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90042 036 \*\*\*150.00

DOCUMENT # P06000137806	
1. Entity Name BLU BUILDERS, INC.	

Principal Place of Business 10219 GUATEMALA STREET COOPER CITY, FL 33026 US	Mailing Address 10219 GUATEMALA STREET COOPER CITY, FL 33026 US
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2. Principal Place of Business - No P.O. Box # 1915 HOLLYWOOD BLVD.	3. Mailing Address 1915 HOLLYWOOD BLVD
Suite, Apt. #, etc. #201	Suite, Apt. #, etc. #201

City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL	4. FEI Number 33-1146920	Applied For <input type="checkbox"/> Not Applicable
Zip 33026	Country USA	Zip 33026	Country USA

03202007 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent KOPROWSKI, PAUL A 10031 PINES BLVD. 224 PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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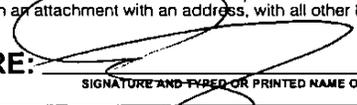
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D WEATHERLY, ALAN 10219 GUATEMALA STREET COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **ALAN WEATHERLY**  
**PRESIDENT** 4/9/07 (305) 218-2566

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