

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90056 036 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                         |                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P06000152890</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                        |                                                                                                   |
| 1. Entity Name<br><b>BLARECO, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |                                                                                                                                         |                                                                                                   |
| Principal Place of Business<br><b>2029 HARBOR LINKS DR<br/>LONGBOAT KEY, FL 34228</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                   | Mailing Address<br><b>2029 HARBOR LINKS DR<br/>LONGBOAT KEY, FL 34228</b>                                                               |                                                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   | 3. Mailing Address                                                                                                                      |                                                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | Suite, Apt. #, etc.                                                                                                                     |                                                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                   | City & State                                                                                                                            |                                                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                           | Zip                                                                                                                                     | Country                                                                                           |
| 4. FEI Number<br><b>34-1877097</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   | \$8.75 Additional Fee Required                                                                                                          |                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>YADLEY, GREGORY C<br/>101 E KENNEDY BLVD<br/>STE 2800<br/>TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                                   |
| 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 _____<br>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                                         |                                                                                                   |
| <b>FILE NOW!!! FEB 18 \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                      |                                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>D<br/>BROIDA, ROBERT I<br/>2029 HARBOR LINKS DR<br/>LONGBOAT KEY, FL 34228</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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 807, 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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | Date: <i>3-2-07</i> Daytime Phone: <i>755</i>                                                                                           |                                                                                                   |

66006378



02232007 Chg-P CR2E034 (12/08)

Applied For  
Not Applicable9. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YADLEY, GREGORY C  
101 E KENNEDY BLVD  
STE 2800  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_FILE NOW!!! FEB 18 \$150.00  
After May 1, 2007 Fee will be \$550.009. 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

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
BROIDA, ROBERT I  
2029 HARBOR LINKS DR  
LONGBOAT KEY, FL 34228**☐ DeleteTITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate: *3-2-07* Daytime Phone: *755*

# ATTACHMENT

## Piper, Hawkins & Company

CERTIFIED PUBLIC ACCOUNTANTS

330 South Pineapple Avenue

Suite 106

Sarasota, Florida 34236-7020

Robert H. Piper, Jr., CPA, CVA  
Michael W. Hawkins, CPA, CVA  
Kim A. Hart, CPA, CVA  
Gina T. Moore, CPA

Mary L. Ferrara, CPA  
Catherine A. Hodgson, CPA  
Robert E. Holley, CPA  
Shelly Parmet-Evans, CPA  
Linda M. Pellegrini, CPA  
John M. Sarris, CPA

66006378  
#P06000152890

Mailing Address:  
Post Office Box 4136  
Sarasota, Florida 34230-4136

Telephone: (941) 366-1040  
Fax: (941) 366-1044

E-Mail: CPAPHC @ AOL.com

March 21, 2007

Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: Blareco, inc.  
Reference No: P06000152890

Dear Sirs or Madams,

I have enclosed the Annual Report for the above captioned corporation on which the Federal Employer Identification Number was inadvertently omitted when this document was originally filed. The number has been entered in Block 4.

Sincerely,

PIPER, HAWKINS & COMPANY

  
Robert H. Piper, Jr., CPA, CVA

RHP/mb  
Enclosure – As Stated  
cc: Mr. Robert Broida