

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012012

Entity Name: BLUE DOLPHINS LGI , INC

FILED  
Apr 11, 2012  
Secretary of State

**Current Principal Place of Business:**

8888 BAY STREET  
LITTLE GASPARILLA ISLAND  
PLACIDA, FL 33946 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 272  
PLACIDA, FL 33946 US

**New Mailing Address:**

FEI Number: 51-0620060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIVINGSTON, B. DAVE  
8888 BAY ST  
LITTLE GASPARILLA ISLAND  
PLACIDA, FL 33976 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: LIVINGSTON, B. DAVE  
Address: P.O. BOX 272  
City-St-Zip: PLACIDA, FL 33946

Title: VP S  
Name: LIVINGSTON, VICKI C  
Address: P.O. BOX 272  
City-St-Zip: PLACIDA, FL 33946

Title: DIR  
Name: LIVINGSTON, B. DAVE  
Address: P.O. BOX 272  
City-St-Zip: PLACIDA, FL 33946

Title: DIR  
Name: LIVINGSTON, VICKI C  
Address: P.O. BOX 272  
City-St-Zip: PLACIDA, FL 33946

I hereby 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 all other like empowered.

SIGNATURE: B. DAVE LIVINGSTON

PRES

04/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date