2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020168

Entity Name: BLAKE LEHR ENTERPRISES INC.

FILED May 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6611 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33966 **Current Mailing Address: New Mailing Address:** 6611 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33966 US FEI Number: 20-8570205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEHR, BLAKE A MR 6611 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33966 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LEHR, JONATHAN G PRES Name: Name: LEHR, BLAKE A P,V,T 6611 PANTATION PRESERVE CIRCLE 6611 PLANTATION PRESERVE CIRCLE Address: Address: City-St-Zip: FORT MYERS, FL 33966 US City-St-Zip: FORT MYERS, FL 33966 US Title: Title: () Delete (X) Change () Addition Name: LEHR. BLAKE A VP Name: HASKINS, KIMBERLY D.S. 6611 PLANTATION PRESERVE CIRCLE 6611 PLANTATION PRESERVE CIR Address: Address: FORT MYERS, FL 33966 US City-St-Zip: City-St-Zip: FORT MYERS, FL 33966 Title: DIR (X) Delete Title: () Change () Addition HASKINS, KIMBERY D SECT Name: Name: 6611 PLANTAION PRESERVE CIRCLE Address: Address: FORT MYERS, FL 33966 US City-St-Zip: City-St-Zip: Title: DIR (X) Delete Title: () Change () Addition LEHR, GREGORY D TRES Name: Name: Address: 14320 SALEM CHURCH RD Address: City-St-Zip: DOVER, FL 33527 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY D HASKINS DIR 05/26/2009