


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P07000063712</b>		
1. Entity Name COLLETTI BLU DESIGN GROUP, INC.		

Principal Place of Business 569 VALLANCE WAY N.E. ST. PETERSBURG, FL 33716	Mailing Address 10263 GANDY BLVD. #214 ST. PETERSBURG, FL 33702
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2. Principal Place of Business - No P.O. Box # 13517 65th St. N.	3. Mailing Address 1002 8th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo, FL	City & State St. Petersburg, FL
Zip 33771	Zip 33701
Country USA	Country USA

6. Name and Address of Current Registered Agent ROBINSON, ADAM 569 VALLANCE WAY N.E. ST. PETERSBURG, FL 33716	
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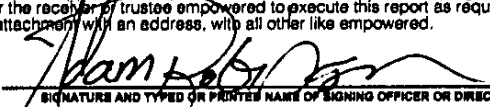


4. FEI Number 216-0263808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 	DATE 10/3/08

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPOLINO, JOHN 569 VALLANCE WAY N.E. ST. PETERSBURG, FL 33716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500136671965 10/06/08--01052--012 ***150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, ADAM 569 VALLANCE WAY N.E. ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Robinson, adam 1002 8th Ave N. St. Petersburg, FL 33701 <input checked="" 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
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
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
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: 	DATE 10/3/08

FILED  
08 OCT -6 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA