## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000069548

Name:

Address:

City-St-Zip:

FILED Apr 20, 2009 Secretary of State

Entity Nar	ne: BAHAMA E	BLUES ADVENTURES, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	26 STREET ST, FL 33156	US					
Current M	ailing Address	:	New Maili	New Mailing Address:			
	26 STREET ST, FL 33156	US					
FEI Number: 26-0390105		FEI Number Applied For ( )	FEI Number Not Applicable ( )		Certificate of Status Desired ( )		
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
6255 SW 1 PINECRES The above	CHRISTINE C 26 STREET ST, FL 33156 named entity stee of Florida.	US ubmits this statement for the pu	ırpose of changing i	ts registere	d office or registered agent, or l	both,	
SIGNATUR		Cianatura of Dogistared Agos			Data		
Election Can		c Signature of Registered Ager Trust Fund Contribution ( ).	IL		Date		
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () [ BROOKS-KELLE 6255 SW 126 ST PINECREST, FL	REET	Title: Name: Address: City-St-Zip:	9101 RIDGE	(X) Change ( ) Addition ELLEY, JENNIFER ELAND DRIVE Y, FL 33157		
Title: Name: Address: City-St-Zip:	S () I BROOKS, CHRIS 6255 SW 126 ST PINECREST, FL	REET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title:	( )	Delete	Title <sup>.</sup>	VP	( ) Change (X) Addition		

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.

Name:

Address:

City-St-Zip:

KELLEY, MICHAEL G 9101 RIDGELAND DRIVE

CUTLER BAY, FL 33157

SIGNATURE: CHRISTINE C BROOKS S 04/20/2009