## 2008 FOR PROFIT CORPORATION

## May 05, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P07000087864** 05-05-2008 90253 016 \*\*\*150.00 BLUE DIAMOND SOLUTIONS, INC. Principal Place of Business Mailing Address 1440 PANTHER RUN ROAD 1440 PANTHER RUN ROAD JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAADE, GARY T Street Address (P.O. Box Number is Not Acceptable) 1440 PANTHER RUN ROAD JACKSONVILLE, FL 32225 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BAADE, GARY T NAME STREET ADDRESS 1440 PANTHER RUN ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BAADE, CRYSTAL M 1440 PANTHER RUN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered SIGNATURE:

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