2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000000938

City-St-Zip: ZEPHYRHILLS, FL 335411939

FILED Jun 24, 2009 Secretary of State

Entity Nar	ne: ERIC BLA	ACKBURN, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
8415 SUNS TAMPA, FI	STATE STREE _ 33634	ΞT					
Current Mailing Address:				New Mailing Address:			
8415 SUN TAMPA, FI	STATE STREE _ 33634	ΞΤ					
FEI Number:	26-1674431	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:		Name and	Address	of New Registered Agent:	
1383 OAK	& COMPANY FIELD DRIVE N, FL 33511	r, INC. US					
	named entity see of Florida.	submits this statement for th	ne purpose o	f changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered	Agent			Date	
		3(2)(b), F.S., the corporation dig g Trust Fund Contribution().	d not receive t	•			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BLACKBURN, E 6111 SILKDALI TAMPA, FL 33	E COURT		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	VP () KASPRZYK, MI 5732 RICK DRI			Title: Name: Address:	VP ERROL, AY 6269 PALM	(X) Change()Addition ′USO A IA DEL MAR BOULEVARD, SUITE 302	

City-St-Zip: ST. PETERSBURG, FL 33715

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: ERIC BLACKBURN Ρ 06/24/2009