## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000085848

City-St-Zip: MIAMI SPRINGS, FL 33166

Entity Name: BLUEBERRY PRODUCTIONS, INC.

FILED Apr 29, 2009 Secretary of State

| Current Principal Place of Business: |   | New Principal Place of Business:   |  |
|--------------------------------------|---|--|--|
| 700 SOU                              | ARLES M. JONES<br>TH ROYAL POINCIANA BLVD. #503<br>PRINGS, FL 33166 |  |  |
| Current Mailing Address:             |   | New Mailing Address:   |  |
| 700 SOU                              | ARLES M. JONES<br>TH ROYAL POINCIANA BLVD. #503<br>PRINGS, FL 33166 |  |  |
| FEI Numbe                            | er: FEI Number Applied For (X)                                      | FEI Number Not Applicable ( ) Certificate of Status Desired ( )            |  |
| Name an                              | d Address of Current Registered Agent                               | : Name and Address of New Registered Agent:                                |  |
| SUITE 50                             | TH ROYAL POINCIANA BLVD.  |  |  |
|                                      | re named entity submits this statement for t<br>tte of Florida.     | he purpose of changing its registered office or registered agent, or both, |  |
| SIGNATL                              | JRE:  |  |  |
|                                      | Electronic Signature of Registered                                  | Agent Date   |  |
| Election Ca                          | ampaign Financing Trust Fund Contribution ( ).                      |  |  |
| OFFICERS AND DIRECTORS:              |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                               |  |
| Title:<br>Name:<br>Address:          | D () Delete CRUIKSHANK, ROBIN C/O 700 S ROYAL POINCIANA BLVD #503   | Title: ( ) Change ( ) Addition Name: Address:                              |  |

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: ROBIN CRUIKSHANK MR 04/29/2009