

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000026990

Entity Name: BLUE ANCHOR ADVISORS, INC

**FILED**  
**Jul 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6919 W BROWARD BLVD  
#230  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

6919 W BROWARD BLVD  
#230  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 26-4824641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, PAMELA S  
6919 W BROWARD BLVD  
#230  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SULLIVAN, PAMELA S  
Address: 6919 W BROWARD BLVD #230  
City-St-Zip: PLANTATION, FL 33317

I hereby 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 all other like empowered.

SIGNATURE: PAMELA S SULLIVAN

OFFI

07/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date