

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000025595

1. Entity Name
BLAISE MANNING, INC.



Principal Place of Business Mailing Address

944 W PROSPECT ROAD 19150 FOX LANDING
 OAKLAND PARK, FL 33309 US BOCA RATON, FL 33434 US

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0402969 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MANNING, SUSAN
 19150 FOX LANDING DR.
 BOCA RATON, FL 33434

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000023566
 1/26/04-80030-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANNING, CHRISTOPHER
STREET ADDRESS	19150 FOX LANDING DR
CITY - ST - ZIP	BOCA RATON, FL
TITLE	D
NAME	MANNING, SUSAN
STREET ADDRESS	19150 FOX LANDING DR
CITY - ST - ZIP	BOCA RATON, FL
TITLE	D
NAME	MANNING, JOSEPH
STREET ADDRESS	19120 FOX LANDING DR
CITY - ST - ZIP	BOCA RATON, FL
TITLE	D
NAME	MANNING, MARIE
STREET ADDRESS	19120 FOX LANDING DR
CITY - ST - ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Manning* Susan Manning 954-772-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/26/04* Daytime Phone #