

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000024998

1. Entity Name

BLODGETT & ASSOCIATES, INC.



FILED

Apr 27, 2006 08:00 AM
Secretary of State



| | | | | | |
|---|---------|---|---------|--|----------|
| Principal Place of Business | | Mailing Address | | | |
| 3700 AIRPORT RD. STE #301 BOCA RATON FL 33432 US | | 3700 AIRPORT RD. STE #301 BOCA RATON FL 33432 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BLODGETT, ALEX 4230 INTRACOASTAL AVE. BOCA RATON FL 33487 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | 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)

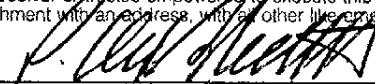
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

| | | | |
|----------------------------|------------------------|---|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | BLODGETT, ALEX | | |
| STREET ADDRESS | 4230 INTRACOASTAL AVE. | | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | | |
| TITLE | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 520K 395-9941
Daytime Phone #