


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 036 ***150.00

DOCUMENT # P95000008888	
1. Entity Name BLACKPOOL ASSOCIATES, INC.	

Principal Place of Business 4300 NORTH UNIVERSITY DRIVE SUITE D103 LAUDERHILL, FL 33351 US	Mailing Address 4300 NORTH UNIVERSITY DRIVE SUITE D103 LAUDERHILL, FL 33351 US
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

2. Principal Place of Business 1700 NW 66 Ave Suite, Apt. #, etc. #102	3. Mailing Address 1700 NW 66 Ave Suite, Apt. #, etc. #102
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

City & State Plantation, FL	City & State Plantation FL
Zip 33313	Zip 33313
Country USA	Country USA



04042006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0561737	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DRIVE SUITE D103 LAUDERHILL, FL 33351	
-----------------------------------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent Name William M. Murphy Street Address (P.O. Box Number is Not Acceptable) 1700 NW 66 Ave #102 City Plantation FL 33313	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

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 William M. Murphy <small>Signature, typed or printed name of registered agent and file if applicable.</small>	DATE 4/4/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST MURPHY, WILLIAM M 4300 NORTH UNIVERSITY DRIVE, D-103 LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST William M. Murphy 1700 NW 66 Ave #102 Plantation, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: William M. Murphy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/4/06 <small>Date</small>