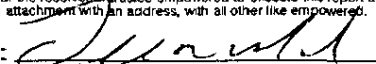


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90943 047 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80080554

DOCUMENT # P95000027069		
1. Entity Name BLUE WATER GRAPHICS, INC.		
Principal Place of Business 7977 SW JACK JAMES DRIVE STUART, FL 34997		Mailing Address 7977 SW JACK JAMES DRIVE STUART, FL 34997
2. Principal Place of Business 3601 SE Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 3601 SE Dixie Hwy Suite, Apt. #, etc.
City & State Stuart, FL Zip 34997 Country US		City & State Stuart, FL Zip 34997 Country US
4. FEI Number 65-0576224		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BRODIE, LAWRENCE P 525 CAMDEN CIRCLE STUART, FL 34994		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when remaining) Signature, typed or printed name of registered agent and title if applicable DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	PST MADER, DONALD M 561 SW TIMBER TR STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SISITSKY, ERIC 3048 SW SUNSET TR CIR PALM CITY, FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGER, LAWRENCE 3601 SE DIXIE HWY STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HUSSEY, LEO J 3601 SE DIXIE HWY STUART, FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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:  Donald N. Mader 4-10-03 773-0287-2141 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

CR2E034 (10/02)