


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000092300 1. Entity Name BLUE ANCHOR, INC.	
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Principal Place of Business 804 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483 US	Mailing Address 804 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483 US
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0628597	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, LEE
218 N.E. 1ST AVENUE
DELRAY BEACH, FL 33444**

**DO NOT WRITE
IN THIS SPACE**

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 **07/16/07-80014-002 158.75**

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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, LEE 218 N.E. 1ST AVENUE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, MICHELE 218 NE 1ST AVENUE DELRAY BEACH, FL 33444
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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:  DATE **7-12-07** DAYTIME PHONE # **562-272-7272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE HARRISON - OWNER