FOR PROFIT CORPORATIO		FILED May 05, 2003 8:00 am Secretary of State
DOCUMENT # P96000020984 1. Entity Name BLUE WATER (DONSULTING, IN DO NOT WRITE IN THIS SP		05-05-2003 91409 019 ***150.00
		20041181
2. Principal Place of Business 2000 W. HILLS BORD BLVD. 600 W. HIL Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	LSBORD BLUD.	DO NOT WRITE IN THIS SPACE
City & State	Beacly FL 4	El Number a5-0648276 Not Applied For
33441 US 33441	Country	Certificate of Status Desired
<b>B</b> <b>B</b> <b>B</b> <b>B</b> <b>C</b> <b>DO NOT WRITE</b> <b>IN THIS SPACE</b> <b>8</b> . The above named entity submits this statement for the purpose of changing its return the obligations of registered agent.	Name Street Address (P.O. B LOON: H Suite City Deer Fie	me and Address of Current Registered Agent GREGORY ox Number is Not Accoptable) LLS BORO BLVD: LO LD BEACH FL Zip Code 3.3 L4 4 / ent, or both, in the State of Florida. I am familiar with, and accept
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	Registered Agent signature required when re	9. Election Campeign Financing \$5.00 May Be Trust Fund Contribution.
THE PD NAME PAIGE, GREGORY L STREET ADDRESS GOOW, HILLS BORD BLVD. CITY-ST-ZIP SUITE 210 DEERFIELD BCH FL	TITLE	2E034B (12/02)
TITLE 3344] NAME STREET ADDRESS CITY- ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS* CITY - ST-ZIP	TITLE NAME STREET ADDRESS:	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. 2019 - 1. 20
12. I hereby certify that the information supplied with this filing does not qualify for t indicated on this report or supply methal report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report attachment with an address, with all ther like empowered.	the exemption stated in Section y signature shall have the same I as required by Chapter 607, Flo	19.07(3)(i). Florida Statutes. I further certify that the information egal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 10 or on an $954$
SIGNATURE: X SIGNATURE AND OPED OR BRINTED NAME OF SIGNING OFFICER O	RDIRECTOR	5-01-05 4188601 Date Dayime Phone #

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