## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 25, 2008 08:00 AM DOCUMENT # P96000022555 **Secretary of State** 1. Entity Name BLAST CRETE CORP. Principal Place of Business Mailing Address PO BOX 1469 PO BOX 1469 LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 US CR2E034 (11/05) 01222008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0662684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ORLANDINI, ROBERT 106 WILMAC DR LAKE PLACID, FL 33852 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. Signature, typed or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ORLANDINI, ROBERT STREET ADDRESS P O BOX 1469, 106 WILMAC DR U00000796520 01/29/08-80037-001 150.00 CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE ORLANDINI, TERESA M NAME STREET ADDRESS P.O. BOX 1469, 106 WILMAC DR LAKE PLACID, FL 33852 CiTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME

FILED

12. I hereby certify that the information supplied with this filling 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 cath; 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:

Round C. White information contained in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certified in Chapter 119, Florida S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS