

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022555

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BLAST CRETE CORP.

## Current Principal Place of Business:

PO BOX 1469  
LAKE PLACID, FL 33852 US

## New Principal Place of Business:

106 WILMAC DR.  
LAKE PLACID, FL 33852 US

## Current Mailing Address:

PO BOX 1469  
LAKE PLACID, FL 33852 US

## New Mailing Address:

PO BOX 1469  
LAKE PLACID, FL 33862 US

FEI Number: 65-0662684

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORLANDINI, ROBERT  
106 WILMAC DR  
LAKE PLACID, FL 33852 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORLANDINI, ROBERT  
Address: P O BOX 1469, 106 WILMAC DR  
City-St-Zip: LAKE PLACID, FL 33852

Title: ST ( ) Delete  
Name: ORLANDINI, TERESA M  
Address: P.O. BOX 1469, 106 WILMAC DR  
City-St-Zip: LAKE PLACID, FL 33852

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA M. ORLANDINI

ST

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date