


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90186 043 ***150.00

DOCUMENT # P96000029662	
1. Entity Name BLSH INVESTORS, INC.	

Principal Place of Business 50 SANDRA DRIVE ORMOND BEACH FL 32176	Mailing Address 50 SANDRA DRIVE ORMOND BEACH FL 32176
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FEI Number 59-3380954	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUNDERWOOD, PATRICIA B 50 SANDRA DRIVE ORMOND BEACH FL 32176	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PVP CAMERON, RITA 335 BUCKEEL DR DAYTONA BEACH FL 32118	BUCKNELL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S ROGERS, PARIS 1 TALAQUAH BLVD ORMOND BEACH FL 32174	TALAQUAH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
T ENGLISH, BETTY 31 OLD MACON ORMOND BEACH FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Betty J English Betty J English	Date 2-15-06	Daytime Phone # 386.615.7358
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ATTACHMENT
50001350
#P96000029662
Division of Corporations

Annual Report

Annual Report Help

Document Number
P96000029662
Business Entity Name
BLSH INVESTORS, INC.

FEI Number **593380954**
FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **50 SANDRA DRIVE**
Suite, Apt. #, etc.
City, State **ORMOND BEACH**, FL
Zip Code & Country **32176**

Mailing Address

Address **50 SANDRA DRIVE**
Suite, Apt. #, etc.
City, State **ORMOND BEACH**, FL
Zip Code & Country **32176**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **UNDERWOOD**, **PATRICIA**, **B**,

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **50 SANDRA DRIVE**
Suite, Apt. #, etc.
City, State **ORMOND BEACH**, FL
Zip Code & Country **32176** US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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P96000029662

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Patty Underwood

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title PVP
Name (Last, First, Middle, Title) CAMERON , RITA , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 335 BUCKNELL DR
City, State DAYTONA BEACH , FL
Zip Code & Country 32118

Title S
Name (Last, First, Middle, Title) ROGERS , PARIS , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 1 TALAQUAH BLVD
City, State ORMOND BEACH , FL
Zip Code & Country 32174

Title T
Name (Last, First, Middle, Title) ENGLISH , BETTY , ,

- OR -

Entity Name to serve as
Officer/Director

Street Address 31 OLD MACON DRIVE
City, State ORMOND BEACH , FL
Zip Code & Country 32174

Title