2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# P96000043019

Entity Name: BLACKWELL TRADE CENTERS, INC.

Current Principal Place of Business:

6915 STATE ROAD 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1085
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-3385457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKWELL, GARY L
6915 STATE ROAD 54
NEW PORT RICHEY, FL 34653 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: BLACKWELL, GARY L
Address: 6915 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP ( ) Delete
Name: BLACKWELL, GARY L II
Address: 6915 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ST ( ) Delete
Name: OLSON, JACQUELIN L
Address: 6333 ILL. AVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: OLSON, JACQUELINE L
Address: P.O. BOX 1971
City-St-Zip: NEW PORT RICHEY, FL 34656

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: JACQUELINE L. OLSON ST 02/12/2009

Electronic Signature of Signing Officer or Director — Date