

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074625

FILED  
May 21, 2008  
Secretary of State

Entity Name: BLINDFAITH, INC.

**Current Principal Place of Business:**

481 S.W. WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

481 S.W. WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 65-0703125

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEALY, GARY  
481 S.W. WHITMORE DRIVE  
PORT ST. LUCIE, FL 34984 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: PD ( ) Delete  
Name: MEALY, GARY  
Address: 481 S.W. WHITMORE DRIVE  
City-St-Zip: PORT ST. LUCIE, FL

Title: VPD ( ) Delete  
Name: DEMARCO, JOSEPH L  
Address: 926 SE CARAVAN AVE  
City-St-Zip: PT. ST. LUCIE, FL

Title: SD ( ) Delete  
Name: MEALY, DONNA M  
Address: 481 SW WHITMORE DR  
City-St-Zip: PT. ST. LUCIE, FL

Title: TD ( ) Delete  
Name: DEMARCO, DANA  
Address: 926 SE CARAVAN AVE  
City-St-Zip: PT. ST. LUCIE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: GARY J. MEALY

PRES

05/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date