

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000074625

FILED
Mar 24, 2009
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

PD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date