


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90194 046 \*\*\*150.00

<b>DOCUMENT # P97000023795</b>	
1. Entity Name <b>BLUE COLLAR RECORDS INC.</b>	

Principal Place of Business <b>2813 S HAWASSEE RD STE 304 ORLANDO, FL 32835 US</b>	Mailing Address <b>2813 S HAWASSEE RD STE 304 ORLANDO, FL 32835 US</b>
---	---

2. Principal Place of Business <b>2813 S HIAWASSEE RD.</b>	3. Mailing Address <b>2813 S HIAWASSEE RD</b>
Suite, Apt. #, etc. <b># 201</b>	Suite, Apt. #, etc. <b># 201</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32835</b>	Country <b>32835</b>



04262006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent <b>WHITFIELD, GARRY CPA 2813 S. HIAWASSEE RD., STE 201 ORLANDO, FL 32835</b>	
---	--

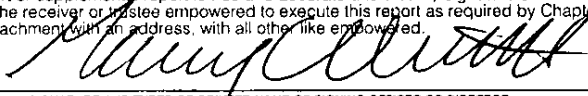
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD STAPP, SCOTT 2813 S HAWASSEE RD, SUITE 201 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD TREMONTI, MARK 2813 S HAWASSEE RD, SUITE 201 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SD PHILLIPS, THOMAS SCOTT 2813 S HAWASSEE RD, SUITE 201 ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
CFO WHITFIELD, GARRY D 2813 S HAWASSEE RD, SUITE 201 ORLANDO, FL 32835	
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 Chapter 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: 	4/27/06 408-395-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #