


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90005 021 \*\*\*150.00

<b>DOCUMENT # P97000023795</b> 1. Entity Name <b>BLUE COLLAR RECORDS INC.</b>					
Principal Place of Business <b>2243 CAIRNS CT ORLANDO, FL 32835 US</b>			Mailing Address <b>20 N. SANTA CRUZ AVE SUITE A LOS GATOS, CA 95030 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>901 Campisi Way</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 205</b>			
City & State		City & State <b>Campbell, CA</b>		4. FEI Number <b>59-3461204</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>95008</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHNSON, DAVID 2243 CAIRNS CT. ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD STAPP, SCOTT 2243 CAIRNS CT. ORLANDO, FL 32835</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD TREMONTI, MARK 2243 CAIRNS CT. ORLANDO, FL 32835</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PHILLIPS, THOMAS SCOTT 2243 CAIRNS CT. ORLANDO, FL 32835</b> <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 of 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					