2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000026209

BLUÉ GREEN ENTERPRISES, INC.



Principal Place of Business

1555 PALM BEACH LAKES BLVD.

SUITE 1100

WEST PALM BEACH, FL 33401

Mailing Address

C/O FLORIDA MANAGEMENT COMPANY

P.O. BOX 3267

WEST PALM BEACH, FL 33402



01052007

No Chg-P

CR2E034 (11/05)

FILED

Mar 12, 2007 08:00 AM **Secretary of State**

4. FEI Number 65-0765714

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ECCLESTONE, E LLWYD 1555 PALM BEACH LAKES BLVD. **SUITE 1100** WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	•
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. TITLE NAME. STREET ADDRESS CITY-SI-ZIP TITLE NAME. STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT DP ECCLESTON, JR E 1555 PALM BCH LKS BLVD 1100 WPB, FL 33401 DEVP COOPER, RON 1555 PALM BEACH LAKES BLVD. ST WEST PALM BEACH, FL 33401				000000664083 03/22/07-80029-016 158.75	
IITLE Name Street address City-St-Zip	S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD., #1 WEST PALM BEACH, FL 33401	100		DO	NOT WRITE	

IN THIS SPACE

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 appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY - ST-7(P

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DESTROY

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