

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037269

FILED
Jan 08, 2007
Secretary of State

Entity Name: THE BLIND GUYS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

15804 BROTHERS CT
#2
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

15804 BROTHERS CT
#2
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0789880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIENIASZ, JEFFREY
15804 BROTHERS CT. #2
FORT MYERS, FL 33912 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: PRES () Delete
Name: WHITE, STEVE
Address: 4880 14TH AVE. SW
City-St-Zip: NAPLES, FL 34116

Title: SEC. () Delete
Name: BIENIASZ, JEFFREY
Address: 221 NE 17TH PL.
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC. (X) Change () Addition
Name: BIENIASZ, JEFFREY
Address: 3482 MALAGROTTA CIRCLE
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY BIENIASZ

SEC.

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date