


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90092 001 ***150.00

DOCUMENT # P97000061484 1. Entity Name BLIND PASS PROPERTIES, INC.	
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Principal Place of Business 1444 FIRST ST STE B SARASOTA, FL 34236	Mailing Address 1444 FIRST ST STE B SARASOTA, FL 34236
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2. Principal Place of Business 3529 JAFFA DRIVE Suite, Apt. #, etc.	3. Mailing Address 3529 JAFFA DRIVE Suite, Apt. #, etc.
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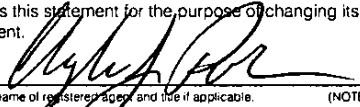
City & State SARASOTA, FL	City & State SARASOTA, FL	4. FEI Number 65-0771861	Applied For Not Applicable
Zip 34239	Country USA	Zip 34239	Country USA



04062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MCDANIEL, ROBERT S 1444 FIRST ST STE B SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name CLAY PALMER Street Address (P.O. Box Number is Not Acceptable) 3529 JAFFA DRIVE City SARASOTA FL Zip Code 34239
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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.

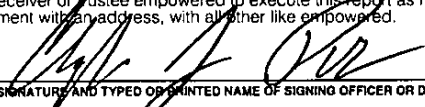
SIGNATURE:  DATE: 4/12/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PALMER, CLAY 3529 JAFFA DR SARASOTA, FL 34239 <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
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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 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:  DATE: 4/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR