## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000004372

Entity Name: BLACK AND BLUE PRODUCTIONS, INC

FILED Apr 24, 2007 Secretary of State

Entity Nar	ne: BLACK A	IND BLUE PRODUCTIONS, II	NC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
8011 14 MERRILL RD JACKSONVILLE, FL 32277				7801 LONESTAR ROAD JACKSONVILLE, FL 32211	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
8011 14 MERRILL RD JACKSONVILLE, FL 32277				7801 LONESTAR ROAD JACKSONVILLE, FL 32211	
FEI Number:	59-3489988	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
8011-14 MI	R, WALTER F ERRILL RD VILLE, FL 32:		7801 LONEŚTAR	FAULKNER, WALTER F 7801 LONESTAR ROAD JACKSONVILLE, FL 32211 US	
The above in the State		submits this statement for the	purpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE:				04/24/2007	
Election Can		nic Signature of Registered Ag g Trust Fund Contribution().	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ( BARDEN, DON 7032 BERRY A JACKSONVILL	<b>NE</b>	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( FAULKNER, W 331 LAURINA : JACKSONVILL	ST #623	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( BARDEN, CON 7032 BERRY A JACKSONVILL	\VE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: WALTER FAULKNER P 04/24/2007