2007 FOR PROFIT CORPORATIONANNUAL REPORT

DOCUMENT # P98000016104

1. Entity Name

ALLEN BLAKE CORPORATION . . .



Principal Place of Business

929 NE 18TH CT

STE 102 FORT LAUDERDALE, FL 33305 Mailing Address

1224 S. HIAWASSEE RD. #619 Orlando, Fl. 32835 US FILED Apr 25, 2007 08:00 A Secretary of State



DO	NOT	WRITE	IN THIS	SPACE
	1101	A A I Z I I F		

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0822443

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER & O'NEILL, P.L. 2300 GLADES RD. SUITE 400 EAST BOCA RATON, FL 3343'

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431			IN THIS SPACE					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYRCLE, TERRY B 929 NE 18TH CT # 102 FORT LAUDERDALE, FL 33305				U00000732967 05/09/07-80062-011 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOEBER, STEPHEN D 1224 S. HIAWASSEE RD. #619 ORLANDO, FL 32835				05/03/01~80062~011 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERRY, NICHOLAS D 1901 CORAL GARDENS DR FORT LAUDERDALE, FL 33306			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, image							
TITLE		··· · · · · · · · · · · · · · · · · ·						

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 occurate 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 effect like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07

954-806-9817

Daytime Phone #