2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P9800005 BLE GAIN, INC.	6585				04-27-2001	7 90220 (018 ***1	50.00
Principal Place of Business 1801 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763		Mailing Address 1801 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763			400071				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-P ·	CR2E03	34 (12/06)		
City & State		City & State		4. FEI Number 59-3519	807		_ 	pplied For at Applicable	
Zíp	Country			ntry	5. Certificate o			8.75 Add ee Require	
	6. Name and Address of Curren	t Registered Agent		<u> </u>	7. Name and A	ddress of New R	egistered A	gent	
DECKAR	LANCUATIE			Name					
BECKMAN, MICHAEL F 1801 S. VOLUSIA AVE ORANGE CITY, FL 32763				Street Addres	ss (P.O. Box Number	is Not Acceptable))		
				City			FL	Zip Code	e
8. The above the obligat	named entity submits this statement ions of registered agent. Sonature, typed or printed name of registered agen				istered agent, or both	, in the State of Flo	orida. I am fa	amiliar with,	and accept
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FIL After Ma	É NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Car 1.00 Trust Fund to	mpaign Final Contribution.	'	\$5.00 May Be Added to Fees				
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550 OFFICERS ANI	.00 Trust Fund (Added to Fees	HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
After Ma	ay 1, 2007 Fee will be \$550	.00 Trust Fund (Contribution.		Added to Fees	HANGES TO OFF		DIRECTORS	S IN 11
After Ma	ay 1, 2007 Fee will be \$550 OFFICERS AND	D DIRECTORS	Contribution.		Added to Fees	HANGES TO OFF			
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12. Thereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 386-7796 Pro\$100