

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000065732

Entity Name: BLUE SOLUTIONS, INC.

FILED
Jun 20, 2006
Secretary of State

Current Principal Place of Business:

2343 CONCILIATION LANE
GREEN COVE SPRINGS, FL

New Principal Place of Business:

2343 CONCILIATION LANE
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

2343 CONCILIATION LANE
GREEN COVE SPRINGS, FL

New Mailing Address:

2343 CONCILIATION LANE
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 59-3543828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, RICHARD H
431 STOWE AVE.
ORANGE PARK, FL 32073 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAW, ANTHONY L
Address: 2343 CONCILIATION LANE
City-St-Zip: GREEN COVE SPRINGS, FL

Title: D () Delete
Name: DAW, SANDRA L
Address: 2343 CONCILIATION LANE
City-St-Zip: GREEN COVE SPRINGS, FL

Title: D () Delete
Name: DAW, ANTHONY R
Address: 2343 CONCILIATION LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAW, ANTHONY L
Address: 2343 CONCILIATION LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: D (X) Change () Addition
Name: DAW, SANDRA L
Address: 2343 CONCILIATION LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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

Title: D () Change (X) Addition
Name: NUGENT, JONATHAN B
Address: 2343 CONCILIATION LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: SANDRA L DAW

D

06/20/2006

Electronic Signature of Signing Officer or Director

Date