2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# P98000065732

Entity Name: BLUE SOLUTIONS, INC.

Current Principal Place of Business:

2343 CONCILIATION LANE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

2343 CONCILIATION LANE
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-3543828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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

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: RICHARD MAY 07/08/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 DAW D 07/08/2009
Electronic Signature of Signing Officer or Director Date