

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90039 031 \*\*\*150.00

40012320



01252005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000070522</b> 1. Entity Name <b>BLIGHTY ENTERPRISES, INC.</b>																													
Principal Place of Business <b>9 SW 13 SREET FT LAUDERDALE, FL 33315</b>			Mailing Address <b>9 SW 13 SREET FT LAUDERDALE, FL 33315</b>																										
2. Principal Place of Business <b>710 SE 22nd st</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>710 SE 22nd st</b> <small>Suite, Apt. #, etc.</small>																											
City & State <b>Port Lauderdale, FL</b>		City & State <b>Port Lauderdale, FL</b>		4. FEI Number <b>65-0859198</b>																									
Zip <b>33316</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>JOHNSON, SEAN 9 SW 13 SREET FT LAUDERDALE, FL 33315</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 <span style="float: right;">2-1-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PVD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSTON, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9 SW 13 SREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT LAUDERDALE, FL 33315</td> <td></td> </tr> </table>			TITLE	PVD	<input type="checkbox"/> Delete	NAME	JOHNSTON, DAVID		STREET ADDRESS	9 SW 13 SREET		CITY-ST-ZIP	FT LAUDERDALE, FL 33315		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">710 SE 22nd st</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Fort Lauderdale, FL 33316</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	710 SE 22nd st	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Fort Lauderdale, FL 33316		STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, which is otherwise empowered.																													
SIGNATURE: <span style="float: right;">2/1/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													