

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90055 023 ***150.00

DOCUMENT # P98000089773					
1. Entity Name BY THE BLUE, INC					
Principal Place of Business 1007 S NORTHLAKE DRIVE HOLLYWOOD, FL 33019			Mailing Address 1007 S NORTHLAKE DRIVE HOLLYWOOD, FL 33019		
2. Principal Place of Business - No P.O. Box # 1128 N. Northlake Drive		3. Mailing Address 1128 N. Northlake Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD, FLORIDA		City & State HOLLYWOOD, FL		4. FEI Number 65-0871633	
Zip 33019		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NEMSER & WOLIS, P.A. 18999 BISCAYNE BOULEVARD NORTH MIAMI BEACH, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESHET, ALON 958 SOUTH NORTHLAKE DRIVE HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eshet, ALON 1128 N. Northlake Dr. Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: _____		3/21/07		Date	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					