

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001706

Entity Name: BLUE BOX, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

403 ALLEN AVE
EVERGLADES CITY, FL 34139

New Principal Place of Business:

Current Mailing Address:

809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110

New Mailing Address:

3365 WOODS EDGE CIR
SUITE 104
BONITA SPRINGS, FL 34134

FEI Number: 59-3550879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX, ACCOUNTING & FINANCIAL ASSOC
809 WALKERBILT ROAD
SUITE 5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX & FINANCIAL STRATEGISTS LLC
3365 WOODS EDGE CIR
SUITE 104
BONITA SPRINGS, FL 34134 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: THOMAS WANDERON

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOUWSMA, WILLIAM
Address: PO BOX 236
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D () Delete
Name: LOUWSMA, KAREN
Address: PO BOX 236
City-St-Zip: EVERGLADES CITY, FL 34139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KAREN LOUWSMA

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date