


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 SEP 18 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025692		
1. Entity Name BLUE LUNA CAFE, INC.		

Principal Place of Business 51 UPTOWN GRAYTON CIRCLE SANTA ROSA BEACH, FL 32459	Mailing Address 51 UPTOWN GRAYTON CIRCLE SANTA ROSA BEACH, FL 32459
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2. Principal Place of Business 493 RIDGE RD	3. Mailing Address 493 RIDGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SANTA ROSA BCH FL	City & State SANTA ROSA BCH FL
Zip 32459	Zip 32459
Country U.S.A	Country U.S.A



09132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3566840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BREWER, SUZANNE M 493 RIDGE ROAD SANTA ROSA BEACH, FL 32459	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Due by September 15, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - PRES BREWER, DAVID P 51 UPTOWN GRAYTON CIRCLE SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080038017 09/21/06--01050--016 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ - PRES BREWER, SUZANNE M 51 UPTOWN GRAYTON CIRCLE SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 as an attachment with an address, with all other like empowered.

SIGNATURE: David P Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/13/06 Daytime Phone #