

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90088 046 ***150.00

DOCUMENT # P99000032575
 1. Entity Name
 BLANDO PRODUCTIONS, INC.



Principal Place of Business Mailing Address
 8110 MEADOWGLEN 8110 MEADOWGLEN
 ORLANDO, FL 32810 ORLANDO, FL 32810

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2114 Pine Meadows 800 N. Hwy 434
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Golf Course Road Suite #1

City & State City & State
 Eustis, FL 32726 Altamonte Springs, FL
 Zip Country Zip Country
 32726 USA 32714 USA



01032007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLAND, JEFF S 8110 MEADOWGLEN ORLANDO, FL 32810		Name Bland, Jeff S Street Address (P.O. Box Number is Not Acceptable) 2114 Pine Meadows Golf Course Rd. City Eustis FL Zip Code 32726	

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.

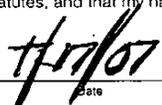
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	DPST BLAND, JEFF S 8110 MEADOWGLEN ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS 2114 PINE MEADOWS G.C. ROAD EUSTIS, FL 32726 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOBBI BAIN 2114 PINE MEADOWS G.C. ROAD EUSTIS, FL 32726 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #