2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000033815

1. Entity Name
BLU LIN INCORPORATED

Principal Place of Business	Mailing Address
4400 MARSH LANDING BLVD. STE. 7 PONTE VEDRA BEACH, FL 32082	4400 MARSH LANDING BLVD. STE. 7 PONTE VEDRA BEACH, FL 32082

02072006 No Chg-P CR2E034 (11/05)

PLEASE WRITE IN THIS SPACE

4. FEI Number
59-3571936

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HIXON, JOSEPH M III
4400 MARSH LANDING BLVD. STE. 7
PONTE VEDRA BEACH, FL 32082

PLEASE WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HIXON, NICOLE A
STREET ADDRESS	4400 MARSH LANDING BLVD STE #7
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

100000463033
03/21/06-80060-017 150.00

PLEASE WRITE IN THIS SPACE

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: Nicole A. Hixon 2/27/06 904-285-8645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #