

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048592

Entity Name: BLIND SPOT DESIGNS, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

2356 UNIVERSITY DR.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

4400 NW. 19TH AVE.
POMPANO, FL 33064

Current Mailing Address:

2356 UNIVERSITY DR.
CORAL SPRINGS, FL 33065

New Mailing Address:

4400 NW 19TH AVE
POMPAN, FL 33064

FEI Number: 65-0924905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, MONTE
2356 UNIVERSITY DR.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

WOLFE, MONTE
4400. NW. 19TH AVE
POMPANO, FL 33064 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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOLFE, MONTE
Address: 2356 UNIVERSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOLFE, MONTE
Address: 4400 NW. 19TH AVE
City-St-Zip: POMPANO, FL 33064

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: MONTE WOLFE

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

Date