
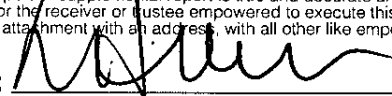


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079708 1. Entity Name BLUE MIST MANAGEMENT, INC.					
Principal Place of Business 3404 WAKE FOREST ROAD STE 201 RALEIGH, NC 27609		Mailing Address 3404 WAKE FOREST ROAD STE 201 RALEIGH, NC 27609			
2. Principal Place of Business 3100 Duraleigh Road		3. Mailing Address 3100 Duraleigh Road			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Raleigh, NC		City & State Raleigh, NC		4. FEI Number 56-2156344	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 27612		Country USA		Zip 27612	
Country USA		6. Name and Address of Current Registered Agent			
Name TURNER, SUSAN K		7. Name and Address of New Registered Agent			
Street Address (P.O. Box Number is Not Acceptable) 6033 34TH STREET W, #56		Name Street Address (P.O. Box Number is Not Acceptable) City FL			
City BRADENTON, FL 34205		Zip Code			
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PSTD STOCKS, LEWIS H 111 3404 WAKE FOREST ROAD SUITE 201 RALEIGH, NC 27609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lewis H. Stocks, III 3100 Duraleigh Road, Suite 200 Raleigh, NC 27612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 500033411905 04/21/04--01027--022 **150.00	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemption stated in Section 119.07(3)(j), 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: 		Lewis H. Stocks, III, President		2/16/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED
 04 APR 19 PM 2:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02102004 Chg-P CR2E034 (10/03)