2006 FOR PROFIT CORPORATION ---

DOCUMENT # P99000108962

PASCO BLUEPRINT & SUPPLY CO., INC.



FILED Jan 27, 2006 08:00 AM Secretary of State

Principal Place of Business

5323 MAIN STREET

NEW PORT RICHEY, FL 34652

Mailing Address

5323 MAIN STREET

NEW PORT RICHEY, FL 34652



DO NOT WRITE IN THIS SPACE

01212006 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3619701 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ROLLAND 5323 MAIN STREET NEW PORT RICHEY, FL 34652

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plants of registered agent.	urpose of changing its registered offi	OB OT FE	egistered agent, or bo	oth, in the State of Florida. I am to	miliar with, and accept
SIGNATURE_						
	Signature, typed or printed name of registered agent and title (I applicable INOTE Registered Agent	eiGuegnue	emplied when remaining)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
ivile Name Sideet address City-SI-Zip	D ROBERTS, ROLLAND 5323 MAIN STREET. NEW PORT RICHEY, FL 34652			,		
TITLE NAME STREET ADDRESS CITY-51-2IP					.013404000000 2707706-800720	1 -013 150.00
TUTLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS				IN '	THIS SPACE	

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 116, Florida Statutes. I further certify that the information indicated on this report or suppliamental report is true and accurate and that my signature shall have the same legal affect as it made under oath, that I am an officer or director of the corporation or the positiver or thistee empowered to execute this report as required by Chapter 507, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

Oate

Daytime Phone #