

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V56010</b> 1. Entity Name <b>BLAZIE RESEARCH, INCORPORATED</b>		
Principal Place of Business <b>518 S. BEACH ROAD HOBE SOUND, FL 33455</b>		Mailing Address <b>518 S. BEACH ROAD HOBE SOUND, FL 33455</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 02242005 No Chg-P CR2E034 (10/03)
4. FEI Number <b>52-1787873</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>BLAZIE, DEANE B 518 S. BEACH ROAD HOBE SOUND, FL 33455</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	D	
NAME	BLAZIE, DEANE B	
STREET ADDRESS	518 S. BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE	ST	
NAME	BLAZIE, LYNN M	
STREET ADDRESS	518 S. BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND, FL 33455	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/29/05</b> <small>Date</small>