

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003055

**Entity Name:** THE BLUEPRINT US, INC.

**Current Principal Place of Business:**

400 N. ROME AVE., UNIT 1403  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 172445  
TAMPA, FL 33672 US

**FEI Number: 86-3028458**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN FINANCIAL AND CONSULTING SERVICES GROUP LLC  
1931 CORDOVA ROAD  
SUITE 2016  
FT LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name THOMPSON, OLIVIA  
Address 400 N. ROME AVE., UNIT 1403  
City-State-Zip: TAMPA FL 33606

Title T  
Name BROWN, YOLANDA  
Address 1931 CORDOVA ROAD  
SUITE 2016  
City-State-Zip: FT LAUDERDALE FL 33316

Title S  
Name SHARP, NATHAN  
Address 5783 W WOODSIDE DR  
City-State-Zip: CRYSTAL RIVER FL 34429

Title V  
Name AVILA, ANT  
Address 13010 MOOSE LANE  
City-State-Zip: HUDSON FL 34669

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: OLIVIA THOMPSON**

**PRESIDENT**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date