


2006 FOR PROFIT CORPORATION ANNUAL REPORT

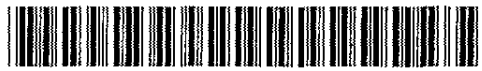
FILED
Mar 02, 2006 08:00 A
Secretary of State

DOCUMENT # L84114
 1. Entity Name
A1A - BUTCH BLAST, INC., A FLORIDA CORPORATION



Principal Place of Business GRASSY KEY 58417 MORTON ST MARATHON, FL 33050 US	Mailing Address GRASSY KEY 58417 MORTON ST MARATHON, FL 33050 US
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DO NOT WRITE IN THIS SPACE



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0210436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROBERT SCHUTT
 58417 MORTON STREET
 GRASSEY KEY, FL 33050**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SCHUTT, ROBERT CARLTON 58417 MORTON STREET GRASSEY KEY, FL 33050
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 03/14/06 80032-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **2/27/06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____