

2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-25-2005 90147 037 ***150.00
P04000052913

FILED


05 MAR 30 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40023114



DOCUMENT # P04000052913

1. Entity Name
BLUEWATER CHEMGROUP, INC.



Principal Place of Business
**5766 CARRIAGE DR.
SARASOTA, FL 34243**

Mailing Address
**5766 CARRIAGE DR.
SARASOTA, FL 34243**

Principal Place of Business
3630 4TH AVE NE
Suite, Apt. #, etc.

3. Mailing Address
3630 4TH AVENUE NE
Suite, Apt. #, etc.

02222005 Chg-P CR2E034 (10/03)

City & State
BRADENTON FL

City & State
BRADENTON FL

Zip
34208

Country
USA

Zip
34208

Country
USA

4. FEI Number
57-1202329

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COCKRUM, ROBERT B
5766 CARRIAGE DR.
SARASOTA, FL 34243

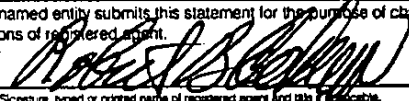
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3630 4TH AVE NE

City **BRADENTON** FL Zip Code **34208**

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  DATE **2/23/05**

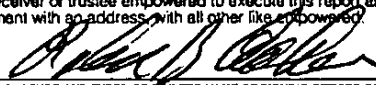
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD ZACHARY, BRETT 5768 CARRIAGE DR. SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3630 4th Avenue NE, BRADENTON FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPENZELLER, KEVIN 5766 CARRIAGE DR. SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3630 4th Avenue NE, BRADENTON FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COCKRUM, ROBERT 5766 CARRIAGE DR. SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3630 4th Avenue NE, BRADENTON FL 34208
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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)(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 information.

SIGNATURE:  DATE **2/23/05** 98734968
Signature and typed or printed name of signing officer or director. Daytime Phone #