2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT # P06000126999 1. Entity Name BLESSINGS DAY SPA, INC.					04-26-2007	90238 005 ***15	50.00	
Principal Place of Business Mailing Address				quu	V • -			
97 ROYAL PALM POINTE 875 SARINA TERRACE S.W. VERO BEACH, FL 32968								
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 97 Roy A C P			ALM POINT	-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202007	Chg-P	CR2E034 (12/06)		
City & State		VERO BEACH, FL		4. FEI Number 20-565			oplied For ot Applicable	
Zip	Country	Zip 3296 U	Country U.S.A	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and	Address of New R	egistered Agent		
JOFFE, BRENDA J				Name				
875 SARINA TERRACE S.W. VERO BEACH, FL 32968			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
VERO BERGII, 1 E 02303								
·			City		FL Zip Code			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	gistered office or reg	gistered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE								
Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	*:							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaigr Trust Fund Contrib		\$5.00 May Be Added to Fees				
	ay 1, 2007 Fee will be \$550.	Trust Fund Contrib DIRECTORS	11.	Added to Fees	CHANGES TO OFF	ICERS AND DIRECTOR		
After Ma	officers and	OO Trust Fund Contrib	11.	Added to Fees	CHANGES TO OFF	ICERS AND DIRECTOR:	S IN 11	
After Ma	ay 1, 2007 Fee will be \$550.	Trust Fund Contrib DIRECTORS	11.	Added to Fees	CHANGES TO OFF			
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I hereby certify that the information supplied with this fling does not quality 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.

X 4/21/07-772-562-1464 Daytime Phone #