2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006810

City-St-Zip:

CLEARWATER, FL 33756

Entity Name: BLESS THE CHILDREN, INC

FILED Mar 26, 2007 Secretary of State

Entity Nai	me: BLESS II	HE CHILDREN, INC.					
Current P	rincipal Place	of Business:	New Principal Place of Business:				
1610 RAC CLEARWA	HELCT ATER, FL 3375	56					
Current M	lailing Addres	s:	New Mailing Address:				
	ELAND ST. #19 ATER, FL 3375						
FEI Number	: 51-3263375	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desir	red ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1610 RAC	D, KAREN S HEL CT. ATER, FL 3375	6 US					
	named entity see of Florida.	submits this statement for the p	purpose of changing i	ts registered	office or registered agent	t, or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ag	ent	Date			
OFFICER	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CP () HUBBARD, KAR 1610 RACHEL (CLEARWATER,	CT.	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	VCST () SMITH, REBEC 1167 GROVE S CLEARWATER,	Т., #2	Title: Name: Address: City-St-Zip:	VCST (X) Change () Addition SMITH, REBECCA S 103 ROGERS ST SUITE A CLEARWATER, FL 33756			
Title: Name: Address: City-St-Zip:	SETTLES, MYR	MOUNTAIN RD., #71	Title: Name: Address: City-St-Zip:	() Change () Addition			
Title: Name: Address: City-St-Zip:	DVP () MURRAY, AUDI 1600 GOVERNO PENSACOLA, F	DR'S DR., 3915	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition STRIJEWSKI, HERMAN 500 N. OSCEOLA AVE. NO. 105 CLEARWATER, FL 33755			
Title: Name: Address:	VP () CHEATUM, DEE 1346 BYRON	Delete BIE	Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KAREN S. HUBBARD PRES 03/26/2007