


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000229 1. Entity Name BLESSED TRINITY HOUSING, INC.	
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Principal Place of Business 1600-54TH AVE., SOUTH ST. PETERSBURG, FL 33712-4999	Mailing Address 1600-54TH AVE., SOUTH ST. PETERSBURG, FL 33712-4999
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3617977	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIVITO, JOSEPH A ESQ. % DIVITO & HIGHAM, P.A., 4514 CENTRAL AVE. ST. PETERSBURG, FL 33711	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	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	P DECHERING, ANTON 1600-54TH AVE., SOUTH ST. PETERSBURG, FL 337124999
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CORSETTI, JOSEPH P.O. BOX 40200 ST. PETERSBURG, FL 337430200
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENTO, RON 2511 66TH TERR. SO. ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CISEK, MARILYN 3123 39TH ST., SOUTH, APT. B ST. PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COX, TERRY 4800 26TH CT., SOUTH ST. PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASAT HUFF, CAROLE 5130 BRITTANY DR., #807 ST. PETERSBURG, FL 33715

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03/14/05-80032-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Anton Dechering 2/9/2005 727-867-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #