2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000229

Entity Name: BLESSED TRINITY HOUSING, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1600-54TH AVE.,SOUTH ST.PETERSBURG, FL 337124999				5701 16TH STREET SOUTH ST.PETERSBURG, FL 33705		
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
1600-54TH AVE.,SOUTH ST.PETERSBURG, FL 337124999				5701 16TH STREET SOUTH ST.PETERSBURG, FL 33705		
FEI Number: 59-3617977 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	d Address of (Current Registered Agent:	Name and	Address of New Registered Agent:		
% DIVITO ST.PETER	RSBURG, FL	.A.,4514 CENTRAL AVE. 33711 US	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATU						
	Electro	nic Signature of Registered Ag	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title:	DECHERING, A 1600-54TH AV ST.PETERSBU		Title: Name: Address: City-St-Zip: Title:	() Change () Addition () Change () Addition		
Name: Address: City-St-Zip:	CORSETTI, JO P.O. BOX 4020	SEPH	Name: Address: City-St-Zip:	() Change () Amanon		
Title: Name: Address: City-St-Zip:	BENTO, RON 2511 66TH TE) Delete RR. SO. IRG, FL 33712	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CISEK, MARIL 3123 39TH ST) Delete YN ,SOUTH,APT.B IRG, FL 33711	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	COX, TERRY 4800 26TH CT) Delete .,SOUTH IRG, FL 33712	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HUFF, CAROL 5130 BRITTAN		Title: Name: Address: City-St-Zip:	ASD (X) Change () Addition HUFF, CAROLE 5130 BRITTANY DR.,#807 ST.PETERSBURG, FL 33715		

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.

SIGNATURE: ROBERT HARLOW PMGR 04/24/2006