

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004856

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** TREASURES OF BLESSINGS CHILDRENS INTERNATIONAL, INC.

**Current Principal Place of Business:**

4500 KENNEDY AVENUE  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4500 KENNEDY AVENUE  
ORLANDO, FL 32812

**New Mailing Address:**

**FEI Number:** 54-2136467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, EDISON  
4500 KENNEDY AVENUE  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GOMEZ, EDISON  
Address: 4500 KENNEDY AVENUE  
City-St-Zip: ORLANDO, FL 32812

Title: VP ( ) Delete  
Name: GOMEZ, MARIAELENA  
Address: 4500 KENNEDY AVENUE  
City-St-Zip: ORLANDO, FL 32812

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S ( ) Change (X) Addition  
Name: GOMEZ, BENJAMIN  
Address: 2146 LAKE HOLLOWAY BLVD.  
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Change (X) Addition  
Name: PAGAN, RAMONITA  
Address: 5448 FITNESS CIRCLE #106  
City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify 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: EDISON GOMEZ.

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date