

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005762

FILED
Aug 30, 2006
Secretary of State

Entity Name: INSPIRATIONAL BLESSINGS INC.

Current Principal Place of Business:

7349 BLAIR DR
ORLANDO, FL 32818

New Principal Place of Business:

P O BOX 680583
ORLANDO, FL 32868

Current Mailing Address:

PO BOX 680583
ORLANDO, FL 32868

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FULLER, RACHEL
7349 BLAIR DR
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

FULLER, RACHEL
P O BOX 680583
ORLANDO, FL 32868 US

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:

08/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FULLER, CHESTER
Address: 7349 BLAIR DR
City-St-Zip: ORLANDO, FL 32818

Title: V () Delete
Name: FULLER, MEGAN
Address: 7349 BLAIR DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: FULLER, RACHEL
Address: 7349 BLAIR DR
City-St-Zip: ORLANDO, FL 32818

Title: T () Delete
Name: DIXON, FRANCINE
Address: 8701-57 OLDE COLONY TRAIL
City-St-Zip: KNOXVILLE, TN 37923

Title: D () Delete
Name: COLEMAN, CHERYL
Address: 3641 MANDALAY CT
City-St-Zip: ORLANDO, FL 32818

Title: S () Delete
Name: ROBERSON, KIM
Address: 2751 WILLOW RUN
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FULLER, CHESTER
Address: P O BOX 680583
City-St-Zip: ORLANDO, FL 32868

Title: V (X) Change () Addition
Name: FULLER, MEGAN
Address: P O BOX 680583
City-St-Zip: ORLANDO, FL 32868

Title: D (X) Change () Addition
Name: FULLER, RACHEL
Address: P O BOX 680583
City-St-Zip: ORLANDO, FL 32868

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

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

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

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: RACHEL FULLER

D

08/30/2006

Electronic Signature of Signing Officer or Director

Date