2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007458

FILED May 01, 2006 Secretary of State

DOCON	VIEN I# NUSUUUUU1436		Secretary of State	
Entity Na	me: CHRISTIAN BLESS FOUNDATION INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
13415 CO NAPLES,	LLIER BLVD FL 34119			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
13415 CO NAPLES,	LLIER BLVD FL 34119			
	r: 54-2189001 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable () receive the prior notice.	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
671 29 ST NAPLES, The above	EZ, SILVESTRE 'REET SW FL 34117 US e named entity submits this statement for the pure of Florida.	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete GONZALEZ, SILVESTRE 671 29 STREET SW NAPLES, FL 34117	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete SANCHEZ, OVIDIO 5162 HEMINGWAY CIRCLE APT 2806 NAPLES, FL 34116	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete SANCHEZ, VILMA M 5162 HEMINGWAY CIRCLE APT 2806 NAPLES, FL 34116	Title: Name: Address: City-St-Zip:	() 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.

SIGNATURE: SILVESTRE GONZALEZ P 05/01/2006