

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003902

FILED  
Jul 03, 2008  
Secretary of State

Entity Name: THE BLESSING WAVE, INC.

## Current Principal Place of Business:

6284 PARADISE COVE  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

6284 PARADISE COVE  
WEST PALM BEACH, FL 33411

## New Mailing Address:

FEI Number: 83-0454564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:

LESPERANCE, MYRIELLE  
6284 PARADISE COVE  
WEST PALM BEACH, FL 33411      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: D      ( ) Delete  
Name: LESPERANCE, MYRIELLE  
Address: 6284 PARADISE COVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D      ( ) Delete  
Name: LOZANDIER, MYRLANDE  
Address: 6284 PARADISE COVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D      ( ) Delete  
Name: SANON, JENNER  
Address: PO BOX 964  
City-St-Zip: RICHPORT, WA 98813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MYRIELLE LESPERANCE

D

07/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date