

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004382

FILED
Apr 26, 2005
Secretary of State

Entity Name: WTH BLISS, INC.

Current Principal Place of Business:

327 OFFICE PLAZA DR., STE. 108
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

327 OFFICE PLAZA DR., STE. 108
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3525081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, THEDRICK A
3012-A JIM LEE ROAD
TALLAHASSEE, FL 32301 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: CD () Delete
Name: WALKER, THEDRICK A
Address: 327 OFFICE PLAZA DRIVE, SUITE 108
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WALKER, OLA
Address: 327 OFFICE PLAZA DRIVE, SUITE 108
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HAMILTON, FREDERICKA
Address: 327 OFFICE PLAZA DRIVE, SUITE 108
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BEDELL, LINDA
Address: 327 OFFICE PLAZA DRIVE, SUITE 108
City-St-Zip: TALLAHASSEE, FL 32301

Title: VCD () Delete
Name: FLOYD, VICTOR
Address: 327 OFFICE PLAZA DR., SUITE 108
City-St-Zip: TALLAHASSEE, FL 32301

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:

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 Section 119.07(3)(i), 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: LINDA BEDELL

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date