

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90948 001 ***211.25

DOCUMENT # N98000004382

1. Entity Name
WTH BLISS, INC.



Principal Place of Business
**327 OFFICE PLAZA DR., STE. 108
TALLAHASSEE FL 32301**

Mailing Address
**327 OFFICE PLAZA DR., STE. 108
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3525081**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, THEDRICK A
3012-A JIM LEE ROAD
TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CD	WALKER, THEDRICK A	327 OFFICE PLAZA DRIVE, SUITE 108	TALLAHASSEE FL 32301				
D	WALKER, OLA	327 OFFICE PLAZA DRIVE, SUITE 108	TALLAHASSEE FL 32301				
D	HAMILTON, FREDERICKA	327 OFFICE PLAZA DRIVE, SUITE 108	TALLAHASSEE FL 32301	Vice Chairman / Director	Hamilton, Fredericka	327 Office Plaza Drive, Suite 108	Tallahassee, FL 32301
D	BEDELL, LINDA	327 OFFICE PLAZA DRIVE, SUITE 108	TALLAHASSEE FL 32301	Director of Operations	Bedell, Linda	327 Office Plaza Drive, Suite 108	Tallahassee, FL 32301

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fredericka Hamilton 4/30/03 (850) 305-0900

CR2E037 (10/02)