


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000110942
 1. Entity Name
 BLESS TEAM PRODUCTIONS, INC.



Principal Place of Business
 4730 POINT LOOKOUT ROAD
 ORLANDO, FL 32808

Mailing Address
 4730 POINT LOOKOUT ROAD
 ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0013644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DRAVES, DONNA L ESQ.
 120 E. CONCORD STREET
 ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000941273
 05/28/08-80100-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORTON, JAMANI C
STREET ADDRESS	4730 POINT LOOKOUT ROAD
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	D
NAME	ALLEN, MARCUS T
STREET ADDRESS	1023 RED DUNDY DR
CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: _____ Date: 4-29-08 Daytime Phone #: 407.963-9056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR