2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2005
Secretary of State

DOCUMENT# P02000023809

Entity Name: BLISSFUL CREATIONS, INC.

Current Principal Place of Business:

6957 ALPERT DRIVE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

PO BOX 608733
ORLANDO, FL 32860

New Mailing Address:

FEI Number: 02-0573443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOINS, PAMELA
6957 ALPERT DRIVE
ORLANDO, FL 32810 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOINS, PAMELA
Address: 6957 ALPERT DRIVE
City-St-Zip: ORLANDO, FL 32810

Title: VD ( ) Delete
Name: ALLEN, VALERIE
Address: 4025 E. MILLER AVENUE
City-St-Zip: TAMPA, FL 33617

Title: SD ( ) Delete
Name: SMITH, TRACEY
Address: 4110 E. COMMANCHE AVE.
City-St-Zip: TAMPA, FL 33610

Title: PA ( ) Delete
Name: SMITH, ZENAIDA
Address: 2421 SANDY LANE
City-St-Zip: ORLANDO, FL 32818

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA GOINS D 08/30/2005

Electronic Signature of Signing Officer or Director Date