2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2006 08:00 AM **DOCUMENT # P02000112363 Secretary of State** 1. Entity Name BLESSLAND ENTERPRISES, INC. Principal Place of Business Mailing Address 1489 AVLEIGH CIRC. 1489 AVLEIGH CIRC. ORLANDO, FL 32834 ORLANDO, FL 32834 02222006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3659006 Not Applicat! \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, TERRY DO NOT WRITE 1489 AVLEIGH CIRC. ORLANDO, FL 32834 IN THIS SPACE 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. Signature, typed or printed name of segistered agent and tide if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DIAZ, TERRY NAME U00000555581 STREET ADDRESS 1489 AVLEIGH CIRC. 05/16/06-80038-017 150.00 CITY-51-ZIP ORLANDO, FL 32834 STD TITLE VEGA, TERY I NAME STREET ADDRESS 1489 AVLEIGH CIRC. CITY-ST-ZIP ORLANDO, FL 32834 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STRULT ADDRESS

12. I hereby certify that the information supplied with this filling 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 eath, 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: _

CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-77

SIGNATURE AND TYPEO OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR