


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000126911 1. Entity Name BOUNDLESS BLESSINGS, INC.	
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Principal Place of Business 4238 45TH STREET SOUTH SAINT PETERSBURG, FL 33711-4432 US	Mailing Address 4238 45TH STREET SOUTH SAINT PETERSBURG, FL 33711-4432 US.
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02252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3666103	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

BERCUME, KRISTIN C
 4238 45TH STREET SOUTH
 SAINT PETERSBURG, FL 33711-4432

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERCUME, KRISTIN C 4238 45TH ST SOUTH SAINT PETERSBURG, FL 337114432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEAR HOLT, CASSANDRA 4195 48TH AVE SOUTH SAINT PETERSBURG, FL 337114607
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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:  Cassandra Clear Holt 4/18/06 7278668621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #