

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126911

FILED
Feb 28, 2009
Secretary of State

Entity Name: BOUNDLESS BLESSINGS, INC.

Current Principal Place of Business:

4238 45TH STREET SOUTH
SAINT PETERSBURG, FL 337114432 US

New Principal Place of Business:

Current Mailing Address:

4238 45TH STREET SOUTH
SAINT PETERSBURG, FL 337114432 US

New Mailing Address:

FEI Number: 38-3666103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERCUME, KRISTIN C
4238 45TH STREET SOUTH
SAINT PETERSBURG, FL 337114432 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERCUME, KRISTIN C
Address: 4238 45TH ST SOUTH
City-St-Zip: SAINT PETERSBURG, FL 337114432

Title: VP () Delete
Name: HOLT, CASSANDRA C
Address: 4195 48TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 337114607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated 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 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: CASSANDRA CLEAR HOLT

VP

02/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date