2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P04000095023

Entity Name: BLESSINGS JEWELRY INC.

Current Principal Place of Business:

1012 BAY STREET
DELRAY BEACH, FL 33483

New Principal Place of Business:

4 TURTLE GROVE LANE
VILLAGE OF GOLF, FL 33436

Current Mailing Address:

1012 BAY STREET
DELRAY BEACH, FL 33483

New Mailing Address:

4 TURTLE GROVE LANE
VILLAGE OF GOLF, FL 33436

FEI Number: 54-2154408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, JOHN K
1012 BAY STREET
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

BURKE, JOHN K
4 TURTLE GROVE LANE
VILLAGE OF GOLF, FL 33436 US

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: 04/13/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BURKE, JOHN K
Address: 1012 BAY STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete
Name: BURKE, PATRICIA H
Address: 1012 BAY STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP ( ) Delete
Name: PETERSON, LEE B
Address: 1350 SABAL LAKES RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete
Name: PETERSON, SHERYLE
Address: 1350 SABAL LAKES RD
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURKE, JOHN K
Address: 4 TURTLE GROVE LANE
City-St-Zip: VILLGAE OF GOLF, FL 33436

Title: VP (X) Change ( ) Addition
Name: BURKE, PATRICIA H
Address: 4 TURTLE GROVE LANE
City-St-Zip: VILLGAE OF GOLF, FL 33436

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: JOHN K. BURKE P 04/13/2005
Electronic Signature of Signing Officer or Director — Date