

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90140 015 \*\*\*150.00

<b>DOCUMENT # P04000096227</b> 1. Entity Name <b>BLESSINGS ENTERPRISES INC.</b>			
Principal Place of Business <b>4970 STACK BLVD</b> <b>MELBOURNE, FL 32901 US</b>		Mailing Address <b>835 GARDENIA DRIVE</b> <b>ROYAL PALM BEACH, FL 33411 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4970 STACK BLVD</b> Suite, Apt. #, etc. <b>B 5</b>		3. Mailing Address <b>835 Gardenia Dr</b> Suite, Apt. #, etc. <b>RPB FL 33411</b>	
City & State <b>Melbourne FL</b>		City & State <b>Royal Palm Beach</b>	
Zip <b>3290560</b>		Country <b>FL</b>	
4. FEI Number <b>20-1289014</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RICHARDS, PEARLINE F. HAZEL ALLEN</b> <b>835 GARDENIA DRIVE</b> <b>ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	NAME <b>ALLEN, HAZEL L</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>835 GARDENIA DRIVE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>			
TITLE <b>VP</b>	NAME <b>RICHARDS, PEARLINE O</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>262 SUNSHINE BLVD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>ROYAL PALM BEACH, FL 33411</b>			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
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.			
<b>SIGNATURE:</b> <i>Hazel Allen</i>		<b>3-18-07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<b>5612553712</b>	
		<small>Daytime Phone</small>	