

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90032 005 ***150.00

DOCUMENT # P04000096227 1. Entity Name BLESSINGS ENTERPRISES INC.			
Principal Place of Business 4970 STACK BLVD B5 MILBAINE, FL 52905 US		Mailing Address 835 GARDENIA DRIVE ROYAL PALM BEACH, FL 33411 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 835 GARDENIA Royal Palm Beach FL 33411 Palm Beach	
4. FEI Number 20-1289014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05012008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ALLEN, HAZEL 835 GARDENIA DRIVE ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, HAZEL L 835 GARDENIA DRIVE ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDS, PEARLINE O 262 SUNSHINE BLVD ROYAL PALM BEACH, FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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: <u>Hazel Allen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>5-8-08</u> Daytime Phone #	

ATTACHMENT
40100996
P04000096227

the Store located at
4970 Stack Blvd.

B 5

Melbourne RL 52905

has been closed since
October of 2007

I keep the cooperation
active
for further Business.

I own 2 lots of
land in the cooperation
name.

P.T.O. Hazel Allen