## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000119761  1. Entity Name BLESSINGS BISTRO, INC.				Secretary of State				
1880 3718	ce of Business STREET UNIT 5 H, FL 32960	Mailing Address 1688 BENCIL 12 82305						
		Same	- 141-78 - 121-121-121-121-121-121-121-121-121-1					
				02092006	No Chg-P	CR2E034 (11	/05)	
1	O NOT WRITE	V IHIS SPA	UE AND EA	4. FEI Number 54-2158616		-	Applied For Not Applicab	
					of Status Desired		5 Additional equired	
VERO BE.	JAMIE J T PLACE SW ACH, FL 32962  a named entity submits this statement for the tions of registered agent.	a purpose of changing its registe	red office or register	IN	NOT WITHIS SP	ACE	with, and accep	
SIGNATURE.	Signature, typed or printed name of registered agent and a	ille il epplicable. (NOTE: Register	ed Agent signature required	when reinstating)	<u>.                                    </u>	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		S. Election Campaign Financing \$5.00     Trust Fund Contribution.      Added to		00 May Be 05/13/06-80061		0550429 -80061-006	:9 006 150.00	
10.	OFFICERS AND DIS	RECTORS	1	Village Company	TENINGE TH	٠٠- المناف	mittani y J. Fig.	
TIPLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIBULA, JAMIE J 1565 21ST PLACE SW VERO BEACH, FL 32962		क है। जि कुले जिल्हा जि जि जिल्हा जि जि जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जिल्हा जि जि जिल्हा जिल्हा जिल्हा जिल्हा जि जि जि जि जि जि जि जि जि जि जि जि जि					
TITLE NAME STREET ADDRESS CITY-S1-2IP				n i oʻlada Santari oʻlada Santari				
TIME			1	2-2-	ander of the confidence of the	العائد المجاورة		

IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not quality 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:

STREET ADDITESS CITY-ST-ZIP

WILE
NAME
STREET ADDRESS
CHY-ST-ZIP
WILE
NAME
STREET ADDRESS
CHY-ST-IIP
WILE
NAME
STREET ADDRESS
CHY-ST-IIP
CONTACTOR ADDRESS
CHY-ST-IIP

IGNA NIRE AND TYPED OR MATED NAME OF STOMING OFFICER OR DIRECTOR

mie J. Pribulat ofor 17

DO NOT WRITE

Daytma Phone F