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Secretary of State
02-06-2006 90052 024 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000120864

1. Entity Name
BLOOMINGTON ENTERPRISES, CORP.

60011427

Principal Place of Business	Mailing Address
6355 NW 36 ST SUITE 405 VIRGINIA GARDENS, FL 33166	6355 NW 36 ST SUITE 405 VIRGINIA GARDENS, FL 33166

02022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
6355 NW 36 St		6355 NW 36 St	
Suite, Apt. #, etc. 403		Suite, Apt. #, etc. 403	
City & State Virginia Gardens FL		City & State Virginia Gardens FL	
Zip 33166	Country US	Zip 33166	Country US

4. FEI Number 20-1519677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUERY, DAPHNE M
6355 NW 36 ST SUITE 405
VIRGINIA GARDENS, FL 33166

7. Name and Address of New Registered Agent

Name QUERY, DAPHNE M.
Street Address (P.O. Box Number is Not Acceptable)
6355 NW 36St Ste 403
City Virginia Gardens FL Zip Code 33166

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 Daphne Query 01/30/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 QUERY, DAPHNE M 6355 NW 36 ST SUITE 405 VIRGINIA GARDENS, FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUERY, DAPHNE M 6355 NW 36St Ste 403 Virginia Gardens, FL 33166	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Daphne Query DAPHNE QUERY President 01/30/06 305-871-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #