

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000146527

FILED
Apr 17, 2006
Secretary of State

Entity Name: SIGNATURE BLESSINGS, INCORPORATED

Current Principal Place of Business:

5558 COASTAL LN N
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

10400 SAN JOSE BLVD.
10
JACKSONVILLE, FL 32257 US

Current Mailing Address:

5558 COASTAL LN N
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 20-4163371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUPLESSIS, ROSA M
5558 COASTAL LN N
JACKSONVILLE, FL FL US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUPLESSIS, ROSA M
Address: 5558 COASTAL LN N
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP () Delete
Name: WASHINGTON, TONYA
Address: 11742 TORTOISE WAY N
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: ROSA M DUPLESSIS

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date