

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000026907

FILED
Mar 13, 2008
Secretary of State

Entity Name: BLESSED BUILDER CONSTRUCTION, INC.

Current Principal Place of Business:

2218 SE INDIAN ST.
STUART, FL 34997

New Principal Place of Business:

105 NW ROCKBRIDGE CT
PORT ST. LUCIE, FL 34986 US

Current Mailing Address:

PO BOX 881777
PORT ST. LUCIE, FL 34988

New Mailing Address:

105 NW ROCKBRIDGE CT
PORT ST. LUCIE, FL 34986 US

FEI Number: 20-8542397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULART, GIOVANNI
120 NW SWANN MILL CIRCLE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

GOULART, GIOVANNI
105 NW ROCKBRIDGE CT
PORT SAINT LUCIE, FL 34986 US

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: GIOVANNI GOULART

03/13/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOULART, GIOVANNI
Address: 142 NW WILLOW GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VT () Delete
Name: GOULART, JEAN
Address: 142 NW WILLOW GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GOULART, GIOVANNI
Address: 105 NW ROCKBRIDGE CT
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: VPDT (X) Change () Addition
Name: GOULART, JEAN
Address: 142 NW WILLOW GROVE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify 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: GIOVANNI GOULART

PD

03/13/2008

Electronic Signature of Signing Officer or Director

Date