

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000022276

FILED
Apr 17, 2009
Secretary of State

Entity Name: BLESSING BUSINESS CORP

Current Principal Place of Business:

7001 GRAN NATIONAL DR
100 B
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

7001 GRAN NATIONAL DR
100 B
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-2102320 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CRISTINA
6220 S ORANGE BLOSSOM TRAIL
603
ORLANDO, FL 32809 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: DP () Delete
Name: PINHEIRO, ANTONIO A
Address: 6451 OLD PARK 310
City-St-Zip: ORLANDO, FL 32835 US

Title: DS () Delete
Name: SOUSA, IRACEMA M
Address: TRAV DR LAURO SODRE 1297 MILAGRE
City-St-Zip: CASTANHAL, PA 68740 BR

Title: DT () Delete
Name: SOUSA, CARLOS R B
Address: TRAV DR LAURO SODRE 1297 MILAGRE
City-St-Zip: CASTANHAL, PA 68740 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SOUSA, IRACEMA M
Address: 3344 ROBERT TRENT JONES DR
City-St-Zip: ORLANDO, FL 32835 US

Title: DT (X) Change () Addition
Name: SOUSA, CARLOS R B
Address: 3344 ROBERT TRENT JONES DR
City-St-Zip: ORLANDO, FL 32835 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: IRACEMA SOUSA

DS

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date