2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2005
Secretary of State

DOCUMENT# P96000057234

Entity Name: BLESSEM, INC.

Current Principal Place of Business:

833 USTLER ROAD
APOPKA, FL 32712 US

New Principal Place of Business:

2617 ORCHARD DRIVE
APOPKA, FL 32712 US

Current Mailing Address:

833 USTLER ROAD
APOPKA, FL 32712 US

New Mailing Address:

2617 ORCHARD DRIVE
APOPKA, FL 32712 US

FEI Number: 59-3446791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARADIS, J. BRIAN
833 USTLER ROAD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

HOUMANN, LARS
2617 ORCHARD DRIVE
APOPKA, FL 32712 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: LARS HOUMANN 07/17/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: PARADIS, J. BRIAN
Address: 833 USTLER ROAD
City-St-Zip: APOPKA, FL 32712

Title: SD ( ) Delete
Name: NOSEWORTHY, ED
Address: 578 WEKIVA LANDING DRIVE
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: HOUMANN, LARS
Address: 930 OASIS CT
City-St-Zip: APOPKA, FL 32712

Title: PD (X) Delete
Name: YOST, STEPHEN J III
Address: 578 WEKIVA LANDING DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: NOSEWORTHY, ED
Address: 833 USTLER ROAD
City-St-Zip: APOPKA, FL 32712

Title: P (X) Change ( ) Addition
Name: HOUMANN, LARS
Address: 2617 ORCHARD DRIVE
City-St-Zip: APOPKA, FL 32712

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 Section 119.07(3)(i), 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: LARS HOUMANN P 07/17/2005
Electronic Signature of Signing Officer or Director Date