2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90093 050 ****61.25

DOCUMENT # 733176

1. Entity Name
BELLES & BEAUS SINGLES, INC.

Principal Place of Business	Mailing Address
MARKS ST SR. COMPLEX 99 E. MARKS ST ORLANDO, FL 32803 US	P.O. BOX 523 ORLANDO, FL 32802 US

05112007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1607981 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISLER, ANN 2527 CYPRESS TRACE CIR ORLANDO, FL 32825	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 ANNE ISLER Anne Isler 5-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ISLER, ANNE 2527 CYPRESS TRACE CR ORLANDO, FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAMM, LEA 2800 ELIZABETH AVE ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLEMAN, LORRAINE 1221 CARRIAGE LN ORLANDO, FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYE, KENNETH 665 STEVEN LYNN CIRCLE WINTER GARDEN, FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BYE, KENNETH 665 STEVEN LYNN CIRCLE WINTER GARDEN, FL 34787	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOWELL, ANN 2636 N WESTMORELAND DR ORLANDO, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, ESTON 2590 ANACONDA TRAIL MAITLAND, FL 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP YORK, JOHN 104 SHORE DR. LONGWOOD, FL 32779	☒ 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 617, 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: Lorraine H. Coleman - TREAS. LORRAINE H. COLEMAN 5-1-07 407-277-4265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #