2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2008 08:00 AM
Secretary of State

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

1st MOORE CR2E037 (10/07)

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 4-28-08
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required where indicated) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 U00000937519 05/27/08-80052-021 61.25
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	VP BYE, KENNETH 665 STEVEN LYNN CIRCLE WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, ESTON 2590 ANACONDA TRAIL MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 Section 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 attached sheet with an address, with all other like empowered.

SIGNATURE: Lorraine H. Coleman LORRAINE H. COLEMAN, TREAS. 4/28/08 407-277-4265