

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835861

FILED
Apr 21, 2005
Secretary of State

Entity Name: BELL CORPORATION OF AMERICA

Current Principal Place of Business:

1411 NO WESTSHORE BLVD
SUITE 100
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24538
#100
TAMPA, FL 33623

New Mailing Address:

FEI Number: 59-1683904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: COB () Delete
Name: BELL, F.W.,
Address: 13529 BAY LAKE LANE
City-St-Zip: TAMPA, FL

Title: STD () Delete
Name: BLAIR, PHYLLIS,
Address: 6119 MEMORIAL, #1
City-St-Zip: TAMPA, FL

Title: DVP () Delete
Name: BELL, PATSY,
Address: 13529 BAY LAKE LANE
City-St-Zip: TAMPA, FL 00000,

Title: PD () Delete
Name: SIMON, JOHN T.,
Address: 14301 KELLINGREW PLACE
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN T. SIMON

PD

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date