

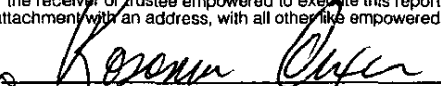


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90088 046 ***150.00

DOCUMENT # J07285 1. Entity Name BELMARM, INC.					
Principal Place of Business 175 15TH ST ATLANTIC BEACH, FL 32233 US				Mailing Address 175 15TH ST ATLANTIC BEACH, FL 32233 US	
2. Principal Place of Business 436 Atlantic Blvd Suite, Apt. #, etc.		3. Mailing Address 436 Atlantic Blvd Suite, Apt. #, etc.			
City & State NEPTUNE BEACH, FL Zip 32266 Country		City & State NEPTUNE BEACH, FL Zip 32266 Country		4. FEI Number 59-2693929	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03192004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DIXON, JERROLD D. 175 15TH ST ATLANTIC BEACH, FL 32233			7. Name and Address of New Registered Agent Name DIXON, JERROLD D. Street Address (P.O. Box Number is Not Acceptable) 2093 BEACH AVENUE City Atlantic Beach FL Zip Code 32233		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIXON, JERROLD D. 175 15TH ST ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dixon, Jerrold D. 2093 BEACH AVENUE Atlantic Beach FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIXON, ROSANNA 175 15TH ST ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dixon, Rosanna 2093 BEACH AVENUE Atlantic Beach, FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIXON, ROSANNA 175 15TH ST ATLANTIC BEACH, FL 32233 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Dixon, Rosanna 2093 BEACH AVENUE Atlantic Beach FL 32233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/25/04 904 241-3407		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		