2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 A Secretary of State

· ANNUAL REPORT			
DOCÚMENT # J92450 1. Entity Name BELL MANAGEMENT GROUP, INC.			
Principal Place of Business	Mailing Address		
1001 S.SHANNON AVENUE INDIALANTIC, FL 32903-0338	P.O. BOX 33369 Indialantic, FL 32903	US	

No Chg-P CR2E034 (11/05) 03012008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2845362 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BELL, LARRY W., JR 1001 SOUTH SHANNON AVENUE INDIALANTIC, FL 32903 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little il applicable. (NOTE: Registered Agent signature required when reinstating) U00000865866 04/08/08-80005-018 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BELL, LARRY W. JR. NAME 207 S. PALM AVENUE STREET ADDRESS CITY-ST-ZIP INDIALANTIC, FL TITLE BELL, E. SCOTT NAME 1005 S SHANNON AVENUE STREET ADDRESS INDIALANTIC, FL 32903 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME

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 ampowered 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 provided.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TURE AND DIFED OF PRINTED NAME OF ALCHING OFFICER OF DIR

3. Bell, Jr/Ares. 3

56/-554-20 Daytime Phone #