


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000109838

1. Entity Name
 BELARO DESIGN GROUP, INC.



Principal Place of Business Mailing Address

6370 NORTH U.S. 1 6370 NORTH U.S. 1
 TALL PINES INDUSTRIAL PARK - BLDG. NO. 7 TALL PINES INDUSTRIAL PARK - BLDG. NO. 7
 ST. AUGUSTINE, FL 32095 ST. AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE



08242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3755700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DICKSON, LAURA
 6370 NORTH U.S. 1
 TALL PINES INDUSTRIAL PARK - BLDG. NO. 7
 ST. AUGUSTINE, FL 32095

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DICKSON, ROBERT
STREET ADDRESS	PO BOX 3358
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004
TITLE	S
NAME	DICKSON, LAURA
STREET ADDRESS	PO BOX 3358
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/05-80001-003 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert Dickson* Robert Dickson 8/24/05 904-829-1242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #