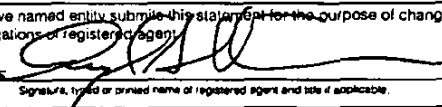
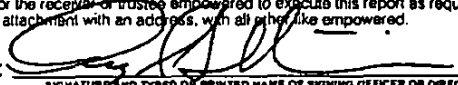


FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 021 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000165731		
1. Entity Name BELLINNI, INC.		
Principal Place of Business 12826 CASTLE MAIN DR. TAMPA, FL 33626		Mailing Address 12826 CASTLE MAIN DR. TAMPA, FL 33626
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BELLINNI, ANGEL 12826 CASTLE MAIN DR. TAMPA, FL 33626		60044430  04152008 No Chg-P CR2E034 (11/05) 4. FEI Number 20-2014782 Applied For ☒ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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  4/17/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE		DO NOT WRITE IN THIS SPACE
		FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELLINNI, ANGEL 12826 CASTLE MAIN DR. TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BELLINNI, MARTA 12826 CASTLE MAIN DR. TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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 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:  4/17/08 813-624-7655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		