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Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 242312

1. Entity Name
BEL-AIR SHOPPING CENTER INC

40046767

Principal Place of Business	Mailing Address
9687 NAVARRE PKWY., NAVARRE, FL 32566 P.O. BOX 865 MARY ESTHER, FL 32569	9687 NAVARRE PKWY., NAVARRE, FL 32566 P.O. BOX 865 MARY ESTHER, FL 32569

02092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1535 Venice Ave. Suite, Apt. #, etc.	1535 Venice Ave. Suite, Apt. #, etc.
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32548 Country:	Zip: 32548 Country: Okaloosa

4. FEI Number: 59-0991771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIGGS, BETTY J. 9687 NAVARRE PKWY. NAVARRE, FL 32566	Name Street Address (P.O. Box Number Is Not Acceptable): 1535 Venice Ave. City: Ft. Walton Beach FL Zip Code: 32548

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D RIGGS,CLEDUS 9687 NAVARRE PARKWAY NAVARRE, FL 32568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1535 Venice Ave. Ft. Walton Beach, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MEDLIN,LOUISE 9163 NAVARRE PARKWAY NAVARRE, FL 32568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 774 Barley Port Lane Ft. Walton Beach, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEDLIN, HAROLD C 9163 NAVARRE PARKWAY NAVARREE, FL 32568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 774 Barley Port Lane Ft. Walton Beach, FL 32547	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RIGGS,BETTY J. 575 N. BEAL PKWY. FT. WALTON BEACH, FL 32568	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 1535 Venice Avenue Ft. Walton Beach, FL 32548	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Louise C. Medlin Louise C. Medlin 3/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #