2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 08:00 AM **DOCUMENT # 465975** Secretary of State 1. Entity Namo BELLAIRE CONSTRUCTION, INC. Principal Place of Business Mailing Address 4804 26TH AVENUE WEST 4804 26TH AVENUE WEST **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1563068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ALPHENAAR, FRED J. Street Address (P.O. Box Number is Not Acceptable) 4804 26TH AVENUE WEST **BRADENTON FL 34209** City Zip Code 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 title if applicable, DATE (NOTE: Registored Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ÎIIE ☐ Delete Change ☐ Addition THE ALPHENAAR, FRED J. NAME NAME 4804 26TH AVE. W. STREET ADDRESS STREET ADDRESS **BRADENTON FL** CilY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ☐ Change TIFLE Addition ALPHENAAR, ELNORA M. U000000873974 NAME NAME 4804 26TH AVE, W. 03/29/07-80050-019 150.00 STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY - ST-7IP CHY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete IIILC ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7/P Deleie Addition TITLE HILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

FILED

SIGNATURE: Led J. Mohanni Fred J. Alphengar 3-19-07 1-941-792-1730