

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # 519053
 1. Entity Name
 BELEGO, INC.



Principal Place of Business Mailing Address
 11909 1/2 NO NEBRASKA 13615 BRUCE B. DOWNS BLVD
 TAMPA, FL 33612 US SUITE 112
 TAMPA, FL 33613 US



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-1706493 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GOLDSTEIN, BERNARD
 13615 BRUCE B. DOWNS BLVD
 SUITE 112
 TAMPA, FL 33613

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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, 2006 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	PTD GOLDSTEIN, BERNARD 13615 BRUCE B. DOWNS BLVD, SUITE 112 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS GOLDSTEIN, LANA 13615 BRUCE B. DOWNS BLVD#112 TAMPA, FL
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 04/05/06-80047-023 158.75

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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 Date 3/20/06 Cityline Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR