2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # 733176** 1. Entity Name 04-29-2005 90252 044 ****61.25 BELLES & BEAUS SINGLES, INC. Principal Place of Business Mailing Address MARKS ST SR. COMPLEX P.O. BOX 523 99 E. MARKS ST ORLANDO FL 32803 ORLANDO FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-1607981 Not Applicable Zip Country Country Žip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISLER, ANN Street Address (P.O. Box Number is Not Acceptable) 2527 CYPRESS TRACE CIR ORLANDO FL 32825 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, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete ☐ Change TITLE $oldsymbol{\mathcal{D}}$ KENNETH BYE 665 STEVE LYNN CIRCLE WINTER GARDEN, FL. 34787 ISLER, ANNE NAME NAME 2527 CYPRESS TRACE CR STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Addition KAMM, LEA NAME NAME 2800 ELIZABETH AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32804 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition COLEMAN, LORRAINE NAME NAME 1221 GARRIAGE LIN STREET ADDRESS STREET AUDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-ZIP X Delete Change Addition MIFFLIN, BETTYE NAME NAME 242 NOB HILL CIRCLE STREET ADDRESS STREET ADDRESS LONGWOOD FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition YOWELL, ANN NAME 2636 N WESTMORELAND DR STREET ADDRESS STREET ADDRESS ORLANDO FL CHY-ST-7(P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition YORK, JOHN NAME NAME 104 SHORE DR. STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address,

SIGNATURE:

4-20-05 407-277-7008

Date Daytime Phone #

FILED