

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733176

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: BELLES & BEAUS SINGLES, INC.

## Current Principal Place of Business:

MARKS ST SR. COMPLEX  
99 E. MARKS ST  
ORLANDO, FL 32803 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 523  
ORLANDO, FL 32802 US

## New Mailing Address:

FEI Number: 59-1607981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISLER, ANN  
2527 CYPRESS TRACE CIR  
ORLANDO, FL 32825 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ISLER, ANNE  
Address: 2527 CYPRESS TRACE CR  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: KAMM, LEA  
Address: 2800 ELIZABETH AVE  
City-St-Zip: ORLANDO, FL 32804

Title: T ( ) Delete  
Name: COLEMAN, LORRAINE  
Address: 1221 CARRIAGE LN  
City-St-Zip: ORLANDO, FL 32807

Title: VP ( ) Delete  
Name: BYE, KENNETH  
Address: 665 STEVEN LYNN CIRCLE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: HALL, ESTON  
Address: 2590 ANACONDA TRAIL  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: COLEMAN, LORRAINE H  
Address: 1221 CARRIAGE LN  
City-St-Zip: ORLANDO, FL 32807

Title: VP (X) Change ( ) Addition  
Name: CANDELA, HARRY  
Address: 535 BROOKSIDE CIRCLE  
City-St-Zip: MAITLAND, FL 32751

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRAINE H. COLEMAN

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date