
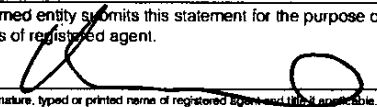
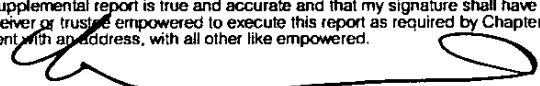


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90031 032 ***150.00

DOCUMENT # F08239 1. Entity Name BELLA BUILDERS, INC.					
Principal Place of Business 4636 S.E. 9TH PLACE UNIT B CAPE CORAL, FL 33904 US			Mailing Address 4636 S.E. 9TH PLACE UNIT B CAPE CORAL, FL 33904 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BELLA, PAUL M 4636B SE 9TH PLACE CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name MICHAEL O'BRIEN Street Address (P.O. Box Number is Not Acceptable) 2579 SAWGRASS LAKE CT. City CAPE CORAL FL 33909	
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:  PRESIDENT 7/26/07 <small>Signature, typed or printed name of registered agent and United States of America. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLA, PAUL M 15880 RIVER CREEK CT ALVA, FL 33920	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD O'BRIEN, MICHAEL 2579 SAWGRASS LAKE CT. CAPE CORAL, FL 33909
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUFFY, JONATHAN 3622 OASIS BLVD CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, MICHAEL 2579 SAWGRASS LAKE CT. CAPE CORAL, FL 33909
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, MICHAEL 131 E. PARK DR. CELEBRATION, FL 34747	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, MICHAEL 2579 SAWGRASS LAKE CT. CAPE CORAL, FL 33909
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BELLA, GREGORY P 4637 SE 1ST AVE CAPE CORAL, FL 33904	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, MICHAEL 2579 SAWGRASS LAKE CT. CAPE CORAL, FL 33909
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]
<input type="checkbox"/> Change <input type="checkbox"/> 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: 				7/26/07 239-549-2440	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date DayTime Phone #</small>	