## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # F9700005241

**FILED** Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90027 010 \*\*\*150.00

PENTIR RD PRISIPPANY, M 07054  2. Principal Place of Business   Settin RD PRISIPPANY, M 07054  2. Principal Place of Business   No. 2 O. Bus #   3. Mailing Addresss    Suite, Ant. B. etc.   Suite, Act. E. etc.   O4102008   Chg. P   CR2E034 (12/06)  Cov. & State   Chy. & Suite   Chy. & Suite   A. FETHAMPRIN    Cov. & State   Chy. & Suite   Chy. & Suite   A. FETHAMPRIN    Cov. & State   Chy. & Suite   Chy. & Suite   A. FETHAMPRIN    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & State   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Suite    Cov. & Suite   Chy. & Suite   Chy. & Su	1. Entity Nam BELCO T		BIES CORPOF	RATION								
Suite, Apt. #, citc.   Suite, Apt. #, etc.   City & State   City & City & State   City & Cit	9 ENTIN RD.			9 ENTIN RD.	9 ENTIN RD.			I Billi i Beli edili edili e	Bill Beill Beiel Gir	118 14812 868 <b>2</b> 1 118	( <b>88</b> ) (1 <b>188</b> )	
City & State	2. Principal P	Place of Business	- No P.O. Box #	3. Mailing Address	3. Mailing Address							
The above named entity submits this statement for the purpose of changing for registered agent.   S. Country   S. Countr	Suite, Apt.	#, etc.		Suite, Apt. #. etc.	Suite, Apt. #. etc.			Chg-P	CR2E0	34 (12/06)		
S. Certificate of Status Desired   Foe Required    T. Name and Address of New Registered Agent    T. Name and Address (P.O. Box Numbers is Not Acceptable)  The Color of Registered Agent    T. Name and Address (P.O. Box Numbers is Not Acceptable)  The Color of Registered Agent    T. Name and Address (P.O. Box Numbers is Not Acceptable)  The Color of Registered Agent    T. Name and Address (P.O. Box Numbers is Not Acceptable)  The Color of Registered Agent    The Color of Registered Agent    The Note of Registered A	City & State			City & State			- 1			No	t Applicable	
Name	Zip		·		Coun	try	5. Certificate	of Status Desired				
Street Address (P.O. Box Number is Not Acceptable)    City		6. Name and	Address of Curren	t Registered Agent	·		7. Name and	Address of New	Registered A	gent	<del> </del>	
Street Address (P.O. Box Number is Not Acceptable)    City	CTCOPP	ODATION SV	/CTEM			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State or Florida. I am familiar with, and accept the obligations of registered agent.    Significations of registered agent.   INDITE Pleagues of Agent spinished Agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.   INDITE Pleagues of Agent spinished Agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.   INDITE Pleagues of Agent spinished Agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.   INDITE Pleagues of Agent spinished Agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.   INDITE Pleagues of Agent spinished Agent in the State agent agent are refused agent.   INDITE Pleagues of Agent spinished Agent in the State agent agent are refused agent.   INDITE Pleagues of Agent spinished Agent in the State agent agent are refused agent.   INDITE Pleagues of Agent spinished Agent in the State agent agent are refused agent.   INDITE Pleagues of Agent spinished Agent in the Agent agent are refused agent.   INDITE Pleagues of Agent agent agent are refused agent.   INDITE Pleagues of Agent agent agent are refused agent agent are refused agent ag	1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.    Consider the obligations of registered agent.   Consider the obliga						City			FI	Zip Code	<del></del>	
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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:	15-to-	Joseph	T	Steh-	SIVPACEO	4/10/08	971-88	4-470
į	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING O	OFFICER (	OR DIRECTOR	Date		Davrime Phone #	