

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58430

FILED
Apr 29, 2008
Secretary of State

Entity Name: BELGRAVIA RESEARCH LIMITED, INC.

Current Principal Place of Business:

200 W. FORSYTH STREET
SUITE 1600
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 52898
JACKSONVILLE, FL 322012898 US

New Mailing Address:

FEI Number: 59-2547813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MOODY, D. THOMAS
Address: 3664 RICHMOND STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: V/D () Delete
Name: NEWTON, RUSSELL B. JR.
Address: 200 W. FORSYTH STREET, SUITE 1600
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D () Delete
Name: NEWTON, JOAN W
Address: ONE INDEPENDENT DRIVE, SUITE 114
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D () Delete
Name: WINSTON, JAMES H
Address: 601 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: MASON, RAYMOND K. SR.
Address: 2022 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D. THOMAS MOODY

P/D

04/29/2008

Electronic Signature of Signing Officer or Director

Date