2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AN Secretary of State DOCUMENT # J44217 BELCORP., INC. Principal Place of Business Mailing Address 11530 PHILLIPS HWY 11530 PHILLISP HWY JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 US US CR2E034 (11/05) 04262006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2738886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BELL, WILLIAM T. J 3701 RACETRACK RD JACKSONVILLE, FL 32259 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BELL, WILLIAM TUR 3701 RACETRACK RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL U00000551347 05/13/06-80096-009 150.00 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

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 of 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 effect the empower of the corporation of the receiver or trustee empowered to execute this report of 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 effect of the corporation of the corporation of the receiver or trustee empowered to execute this report of 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 empower of the corporation of the corporation of the receiver of trustee empower of the corporation of the corporatio

OR DIRECTOR

WILLIAM T. BELL JR.

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNATURE:

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