

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K04306

FILED
Apr 14, 2009
Secretary of State

Entity Name: BELL 2, INC.

Current Principal Place of Business:

630 E NEW HAVEN AVE.
P O BOX 1251
MELBOURNE, FL 329028251

New Principal Place of Business:

630 E NEW HAVEN AVE.
ONLY BOX 1251
MELBOURNE, FL 329028251

Current Mailing Address:

630 E NEW HAVEN AVE.
P O BOX 1251
MELBOURNE, FL 329021251 US

New Mailing Address:

630 E NEW HAVEN AVE.
ONLY BOX 1251
MELBOURNE, FL 329021251 US

FEI Number: 59-2862283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSKIND, RICHARD
262 N SONORA CR.
MELBOURNE, FL 32901 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: D () Delete
Name: BOSKIND, RICHARD
Address: 262 N. SONORA CR.
City-St-Zip: INDIALANTIC, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: R. BOSKIND

DIR

04/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date