


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90073 033 \*\*\*150.00

<b>DOCUMENT # K06853</b> 1. Entity Name <b>BELLEAIR JEWELRY, INC.</b>			
Principal Place of Business <b>2919 WEST BAY DR BELLAIR BLUFFS FL 33770 US</b>		Mailing Address <b>% DAVID E. PLATTE, ESQ. 603 INDIAN ROCKS ROAD BELLAIR FL 34616</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>2919 West Bay Drive</b> Suite, Apt. #, etc.	
City & State <b>Belleair Bluffs FL</b>		City & State <b>Belleair Bluffs FL</b>	
Zip <b>33770</b>	Country	Zip <b>33770</b>	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>WELLS, DEBORAH 2919 WEST BAY DRIVE BELLAIR BLUFFS FL 33770</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 <u>Deborah Wells</u> <u>DEBORAH WELLS</u> <u>03-30-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WELLS, DEBORAH L. 2919 WEST BAY DR. BELLAIR BLUFFS FL 33770	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 Section 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.			
<b>SIGNATURE:</b> <u>Deborah Wells</u> <u>Deborah Wells</u> <u>03-30-07</u> <u>727 586 6858</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			