2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# K10996

Entity Name: BELL ADDITIVES, INC.

Current Principal Place of Business:

C/O WILLIAMS, CHARLES G.
1340 BENNETT DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

BELL ADDITIVES INC
1340 BENNETT DRIVE
LONGWOOD, FL 32750

Current Mailing Address:

C/O WILLIAMS, CHARLES G.
1340 BENNETT DRIVE
LONGWOOD, FL 32750

New Mailing Address:

BELL ADDITIVES INC
1340 BENNETT DRIVE
LONGWOOD, FL 32750

FEI Number: 59-2863726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, CHARLES G.
155 WISTERIA DRIVE
LONGWOOD, FL 327791952 US

Name and Address of New Registered Agent:

WILLIAMS, OLA R
1340 BENNETT DRIVE
LONGWOOD, FL 32750 US

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: OLA R WILLIAMS 02/24/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: WILLIAMS, OLA R.,
Address: 155 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: VTD ( ) Delete
Name: WILLIAM,CHARLES G.,, SR
Address: 155 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change ( ) Addition
Name: WILLIAMS,CHARLES G.,, JR
Address: 3715 TRAILS END
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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: OLA R WILLIAMS PSD 02/24/2006
Electronic Signature of Signing Officer or Director Date