

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K36368

FILED
Mar 24, 2008
Secretary of State

Entity Name: BELLWOOD HOMESITE, INC.

Current Principal Place of Business:

BELLWOOD HOMESITE INC
8241 NW 165TH TERR
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

BELLWOOD HOMESITE INC
8241 NW 165TH TERR
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0091929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRILL, KEITH
1320 S DIXIE HWY SUITE 731
SUITE 711
CORAL GABLES, FL 33146 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: PD () Delete
Name: LOUISSAINT, ROOSEVEL, T
Address: 8241 NW 165 TERR
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: LOUISSAINT, GLADYS,
Address: 8241 NW 165 TERR
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROOSEVELT LOUISSAINT

PD

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date