

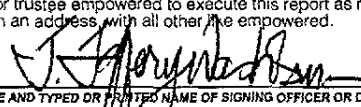


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L09990 1. Entity Name BELLEVIEW REALTY, INC.			
Principal Place of Business 1919 DOLPHIN DRIVE BELLEAIR BLUFFS, FL 33770		Mailing Address 1919 DOLPHIN DRIVE BELLEAIR BLUFFS, FL 33770	
DO NOT WRITE IN THIS SPACE			
		01042006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2991357 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WASHBURN, J. JEFFREY 1919 DOLPHIN DRIVE BELLEAIR BLUFFS, FL 33770		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000402995 02/03/06-80029-018 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WASHBURN, J. JEFFREY 1919 DOLPHIN DRIVE BELLEAIR BLUFFS, FL 33770		
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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 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/25/06 727-585-4979 Date Daytime Phone #	