


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90022 038 ***150.00

DOCUMENT # L91146	
1. Entity Name BELIMED INC.	

Principal Place of Business 13840 SW 119TH AVE MIAMI, FL 33186-6280 US	Mailing Address 13840 SW 119TH AVE MIAMI, FL 33186-6280 US
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2. Principal Place of Business - No P.O. Box # 2284 Clements Ferry Rd Suite, Apt. #, etc.	3. Mailing Address 2284 Clements Ferry Rd Suite, Apt. #, etc.
City & State Charleston, SC	City & State Charleston, SC
Zip 29492	Zip 29492
Country USA	Country USA

01092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent EARL, QUENTIN L CFO 13840 SW 119TH AVE MIAMI, FL 33186-6280	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

4. FEI Number
65-0213127

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	MCDONALD, JOSEPH CEO <input type="checkbox"/> Delete	TITLE CFO	mcdonald, Joseph <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13840 SW 119TH AVE		STREET ADDRESS 2284 Clements Ferry Rd	
CITY-ST-ZIP MIAMI, FL 33186		CITY-ST-ZIP Charleston, SC 29492	
TITLE 	<input type="checkbox"/> Delete	TITLE CFO	Quentin L. Earl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 		STREET ADDRESS 2284 Clements Ferry Rd	
CITY-ST-ZIP 		CITY-ST-ZIP Charleston, SC 29492	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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: Quentin L Earl (Quentin L Earl) 1/24/08 (843) 216-7424 x110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *