


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N01000001882</b>		
1. Entity Name A G BELL FLORIDA, INC.		
Principal Place of Business P.O. BOX 533035 ORLANDO, FL 32853-3035	Mailing Address P.O. BOX 533035 ORLANDO, FL 32853-3035	
<b>DO NOT WRITE IN THIS SPACE</b>		
		01202006 No Chg-NP CR2E037 (11/05)
4. FEI Number 59-3711758		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  OTTO, BETH 2330 MONTANA ST. ORLANDO, FL 32803		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<p style="text-align: right;">U00000532446 05/06/06-80082-013 61.25</p> <p style="text-align: center;"><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, SHERRA G 4002 BUCHANAN STREET HOLLYWOOD, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, BETH 2330 MONTANA STREET ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, SANDRA 301 SW 15TH STREET BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILLOON, DENNIS 11457 BLACK LAKE RD. TALLAHASSEE, FL 32317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 617, 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: <u>Beth Otto (Beth Otto)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/17/06 407-340-3470 <small>Date Daytime Phone #</small>