

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -4 PM 4: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01172007 Chg-NP CR2E037 (12/06) 07

<b>DOCUMENT # N03000002571</b> 1. Entity Name <b>BELLEIRE AND BROWN INC.</b>					
Principal Place of Business 1016 SILVER RIDGE DR. TALLAHASSEE, FL 32305			Mailing Address 1016 SILVER RIDGE DR. TALLAHASSEE, FL 32305		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>91-2191965</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>HODGES, ERNESTINE B</b> <b>1016 SILVER RIDGE DR.</b> <b>TALLAHASSEE, FL 32305</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(PD) - President <input type="checkbox"/> Delete <b>BROWN, ANDREW</b> 1016 SILVER RIDGE DR. TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST- ZIP	WALTER L. BROWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1710 PERRY ST. <b>TRUSTEE</b> TALLAHASSEE FL 32305	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD - 3rd Vice <input type="checkbox"/> Delete HODGES, GREGORY SR. <b>3RD</b> <b>Cell</b> 1016 SILVER RIDGE DR. <b>933-2182</b> TALLAHASSEE, FL 32305 <b>Hm 877-6426</b>		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Ruby D. Brown Asst Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1710 PERRY ST. <b>222-7244</b> TALLAHASSEE, FL 32305	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD - 1st Vice <input type="checkbox"/> Delete HODGES, ERNESTINE B <b>1ST</b> 1016 SILVER RIDGE DR. TALLAHASSEE, FL 32305 <b>Hm 877-6426</b>		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Madge Lene Williams <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 385 Bob Miller Rd. <b>TRUSTEE</b> CRAWFORDVILLE FL 32327	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD - Secretary <input type="checkbox"/> Delete BROWN, ANNIE L 1016 SILVER RIDGE DR. TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Charles Brown - Historian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1016 SILVER RIDGE DR. TALLAHASSEE FL 32305	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D 2 Vice <input type="checkbox"/> Delete BROWN, RICHARD JR. <b>2VP</b> <b>Cell #</b> 1016 SILVER RIDGE DR. <b>545-1752</b> TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST- ZIP	600103092366 05/23/07--01009--012 <b>##61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DT <input type="checkbox"/> Delete BROWN, WILLIE <b>TRUSTE</b> <b>Hm 671-3978</b> 1016 SILVER RIDGE DR. <b>Cell 262-5882</b> TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Ernestine B. Hodges</u> <b>5-1-07 850-877-6426</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					