## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # P00000028524  1. Entity Name BELTWIDE, INC.					02-21-2006 90018 020 ***150.00			
Principal Place 8870	e of Business N Himes Avenu 353 Pa FL 33614	Mailing Address  8 870 N H, M B by 353  Tampa, FL	es Avenue		ODNI DDIN OTNI OBIN OF	IST <b>åbhå flåb</b> t teleti stille flett	<b>1</b> (6)   11   12   12   12   12   12   12   1	
8870N Himes A								
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			01192006	Chg-P	CR2E034 (11/05	5)		
City & State		Tampa, FI		4. FEI Numbe 59-3639		<del></del>	Applied For Not Applicable	
Zip	Country	33614	Country US A	5. Certificate	of Status Desired	□ \$8.75 A		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	Registered Agent		
			Name -					
MIGLIANTI, CHARLES G 8639 N.HIMES AVE #3209			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33614							
	12.		City			FL Zip Co	ode	
8. The above	named entity submits this statement to	or the purpose of changing its re	egistered office or regis	stered agent, or bot	h, in the State of Flo	orida. I am familiar wit	h, and accept	
the obligat	tions of registered agent.	ri Di K				111001		
SIGNATURE.	Signature, good or printed name of registered agent	and title applicable. (NOTE: F	Registered Agent signature requ	uried when reinstating)		2/27/	00	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib	~ _ ,	\$5.00 May Be Added to Fees	and the second	,	<u>. i</u>	
FIL After M	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	OO Trust Fund Contrib	~ _ ,	55.00 May Be Added to Fees	. •	FICERS AND DIRECTO	PRS IN 1,1 ,	
After:M	ay 1, 2006 Fee will be \$550.0 OFFICERS AND	OO Trust Fund Contrib	11.	55.00 May Be Added to Fees	. •	FICERS AND DIRECTO		
After:M.  10.  TITLE  NAME	ay 1, 2006 Fee will be \$550.0  OFFICERS AND PD MIGLIANTI, CHARLES G	OO Trust Fund Contrib	11.  TITLE  NAME	55.00 May Be Added to Fees	. •			
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\*\*\*2.\*\* Ineresty certify that the information supplied with this inlined does not quality 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

2/17/06 8/3-93/-8889