2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000082291

1. Entity Name
BELLEAIR CONSTRUCTION MANAGEMENT CORP.

Principal Place of Business	Mailing Address
455 N INDIAN ROCKS RD STE B BELLEAIR BLUFFS, FL 33770	455 N INDIAN ROCKS RD STE B LARGO, FL 33770

2. Principal Place of Business	3. Mailing Address	
1180 Ponce De Leon Blvd.	1180 Ponce De Leon Blvd.	
Suite, Apt. #, etc. Suite 201	Suite, Apt. #, etc. Suite 201	04192006 Chg-P CR2E034 (11/05)
City & State Clearwater, FL	City & State Clearwater, FL	4. FEI Number 59-3668862 □ Applied For □ Not Applicable
Zip 33756 Country USA	Zip 33756 Country USA	5. Certificate of Status Desired □ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City _____ FL 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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. □	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP NAME VELTMAN, GREG D STREET ADDRESS 455 N INDIAN ROCKS RD STE B CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770	□ Delete	TITLE DP NAME Veltman, Greg D. STREET ADDRESS 1180 Ponce De Leon Blvd. Suite 201 CITY-ST-ZIP Clearwater, FL. 33756	☑ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change	□ 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 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: _____ Greg P. Veltman _____ 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #