

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000061924

1. Entity Name

BELES & COMPANY CUSTOM
DECORATING/DRAPERIES, INC.



Principal Place of Business

2901 HERMITAGE BOULEVARD
VENICE, FL 34292

Mailing Address

2901 HERMITAGE BOULEVARD
VENICE, FL 34292



03202006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1119566

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELES, BRYAN
2901 HERMITAGE BLVD.
VENICE, FL 34292

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IN THIS SPACE

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

1000000514144
04/29/06-80160-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------|
| TITLE | P |
| NAME | BELES, BRYAN |
| STREET ADDRESS | 2901 HERMITAGE BOULEVARD |
| CITY - ST - ZIP | VENICE, FL 34292 |
| TITLE | S |
| NAME | BELES, BARBARA |
| STREET ADDRESS | 2901 HERMITAGE BOULEVARD |
| CITY - ST - ZIP | VENICE, FL 34292 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

DO NOT WRITE
IN THIS SPACE

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: Bryan A. Beles, President BRYAN A. BELES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06
Date

941-486-1825
Daytime Phone #