


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2005 8:00 am
Secretary of State

05-05-2005 90115 036 ***150.00

DOCUMENT # P01000089440 1. Entity Name BELNOAH CORP.	
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Principal Place of Business 3719 SE 16TH PL CAPE CORAL, FL 33904	Mailing Address % ASI INC. 825 SE 47TH TERR. CAPE CORAL, FL 33904
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

66022334



01062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1135265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PKWY E CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANF, NORBERT SCHWARZER WEG 6 DARMSTADT GERMANY, 64287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HANF, BEATE SCHWARZER WEG 6 DARMSTADT GERMANY, 64287 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Norbert Hanf Norbert Hanf May 31, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Accounting Specialists International, Inc.

66022334



June 2, 2005

Division of Corporations
Annual Reports Section
P. O. Box 6327
Tallahassee, FL 32314

Re: Belnoah Corp.
P01000089440

Dear Sir or Madam:

Per your letter, enclosed is a signed 2005 annual report for the above-referenced corporation.

You will note that we have prepared a new report for signature. After having this report signed, it came to our attention that the copy you returned to us had been date stamped. Due to the fact that the officers of the corporation are now out of the country, we have attempted to expedite the return of this form to you by submitting this newly signed form.

Please advise if this acceptable.

Very truly yours,
ACCOUNTING SPECIALISTS INT'L, INC.


Claudia Shaw
President

Cs/cw

Enclosures

ATTACHMENT

5/5/2005-90115-036-\$150.00-\$150.00

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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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

66072334

