## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 10, 2006 8:00 am Secretary of State DOCUMENT # P02000040398 04-10-2006 90325 042 \*\*\*150.00 J. BELICH & ASSOCIATES, INC. Mailing Address Principal Place of Business 50010283 6822 22ND AVENUE NORTH 6822 22ND AVENUE NORTH SUITE 304 SUITE 304 SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) City & State 4. FEI Number City & State Applied For 03-0432318 Not Applicable Country Zip Country 7ip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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. John P. Belich, President Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** PSD Delete TITLE TITLE **⊠** Change Belich, John P. BELICH, JOHN P NAME NAME 6822 22nd Avenue North Suite 304 Saint Petersburg, FL 33710 STREET ADDRESS 6822 22ND AVENUE NORTH SUITE 304 STREET ADDRESS SAINT PETERSBURG, FL 33710 CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE Change TITLE ☐ Addition Belich, Louise D. 1832 22nd Avenue North Suite 304 Saint Petersburg, FL 33710 BELICH, LOUISE D NAME NAME 6822 22ND AVENUE NORTH SUITE 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 CITY-ST-ZIE TITLE Delete ☐ Change ☐ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED