2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090195

Entity Name: S.T.P. BELL ENTERPRISES CORP.

FILED Apr 13, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

15211 ROBERTS WAY 15211 ROBERTS WAY

LOXAHATCHEE, FL 33470 LOXAHATCHEE GROVES, FL 33470

Current Mailing Address: New Mailing Address:

15211 ROBERTS WAY PO BOX 57

LOXAHATCHEE, FL 33470 LOXAHATCHEE GROVES, FL 33470

FEI Number: 82-0561545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ST. PATRICK-BELL, DENISE R

15211 ROBERTS WAY

ST. PATRICK-BELL, DENISE R

15211 ROBERTS WAY

LOXAHATCHEE, FL 33470 US LOXAHATCHEE GROVES, FL 33470 US

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.

SIGNATURE: 04/13/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

LOXAHATCHEE, FL 33470

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LOXAHATCHEE GROVES, FL 33470

 Title:
 P.
 () Delete
 Title:
 PRES
 (X) Change () Addition

 Name:
 ST. PATRICK-BELL, DENISE R
 Name:
 ST. PATRICK-BELL, DENISE R

 Address:
 15121 ROBERTS WAY
 Address:
 15121 ROBERTS WAY

City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE GROVES, FL 33470

 Title:
 VP
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 ST. PATRICK-BELL, DEVON
 Name:
 ST. PATRICK-BELL, DEVON

 Address:
 15211 ROBERTS WAY
 Address:
 15211 ROBERTS WAY

City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: LOXAHATCHEE GROVES, FL 33470

 Title:
 TRES
 () Delete
 Title:
 TRES
 (X) Change () Addition

 Name:
 ST. PATRICK-BELL, DEVON
 Name:
 ST. PATRICK-BELL, DENISE R

 Address:
 15211 ROBERTS WAY
 Address:
 15211 ROBERTS WAY

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DENISE ST. PATRICK-BELL PRES 04/13/2007