## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000007279

HARSHMAN, KATHY J

FT MYERS, FL 33912

6819-1 PORTO FINO CIRCLE

Name:

Address: City-St-Zip:

Entity Name: THREE BELLES, INC.

FILED Feb 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1400 COLONIAL BLVD #57 FT MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** 6819-1 PORTO FINO CIRCLE 6819-1 PORTO FINO CIRCLE FT MYERS, FL 33912 FORT MYERS, FL 33912 FEI Number: 02-0668764 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: WINER, STEVEN I 2320 FIRST ST STE 1000 FT MYERS, FL 33901 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DST () Delete () Change () Addition GRADY, SUZANNE Name: Name: 6819-1 PORTO FINO CIRCLE Address: Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: Title: DΡ Title: () Change () Addition () Delete FENNELL, CHARLOTTE A Name: Name: 6819-1 PORTO FINO CIRCLE Address: Address: FT MYERS, FL 33912 City-St-Zip: City-St-Zip: Title: Title: DVP ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SUZANNE GRADY ST 02/08/2008