## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 24, 2006 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # P04000013743  1. Entity Name BELT MANIA, INC.								07-24-2006		42 ***150 <b>2283</b> ;	
Principal Place of Business 1801 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33401			Mailing Address 5907 NW 73RD CT. PARKLAND, FL 33067					<b>93</b> (() 818() 88()) 88(), 87			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07192006	Chg-P	CR2E0	34 (11/05)	
City & State			City & State		- "	4. FEI Number         Applied For 20-0657588           Not Applica			·		
Zip	Cou	ntry	Zip Coui		гу	5. Certificate		of Status Desired		\$8.75 Add Fee Required	
	6. Name and A	ddress of Current Reg	istered Agent			,	7. Name and	Address of New	Registered A	Agent	
ZAPHRANY, AVI 5907 NW 73RD CT. PARKLAND, FL 33067					Name Street Address (P.O. Box Number is Not Acceptable)						
									FL.	Zip Code	<del></del>
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.											and accept
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  Due by September 6, 2006  9. Election Campaign Financing Trust Fund Contribution.						<b>\$5</b> . Add	00 May Be ed to Fees	In accordance corporation did	with s. 607 I not receive	.193(2)(b), e the prior r	F.S., the notice.
10. OFFICERS AN			D DIRECTORS 11.				ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAPHRANY, AV 5907 NW 73RD PARKLAND, FL	СТ	☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAM STR			I					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition

12. I hereby certify that the information supplied with this filling 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 expect 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: \_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Perz.

7.19.06

Daytime Phone #