


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90026 011 \*\*\*150.00

DOCUMENT # P04000070917	
1. Entity Name BELLADONNASHOES.COM, INC.	

Principal Place of Business 1500 APALACHEE PKWY #2410 TALLAHASSEE, FL 32301	Mailing Address 1500 APALACHEE PKWY #2410 TALLAHASSEE, FL 32301
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40106000



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1628589	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 ROBINSON, ALEXIS 4008 CHIPOLA STREET TALLAHASSEE, FL 32303 <i>John Weekley</i> <i>17240 NW 40th Ave.</i> <i>Miami Gardens, FL 33055</i>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 <i>John Weekley</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>4-28-08</i>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. + Secy. <i>John Weekley</i> ROBINSON, ALEXIS <i>17240 NW 40th Ave.</i> 4008 CHIPOLA STREET TALLAHASSEE, FL 32303 <i>Miami Gardens, FL 33055</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRYAN, TIFFANIE 3472 DAYLILLY LANE TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.	
SIGNATURE: <i>John Weekley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <i>4-28-08</i> Daytime Phone # <i>309-0358</i>