2007-FOR PROFIT CORPORATION

ANNUAL REPORT Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # P04000077018** BELLADERMA INSTITUTE, INC. Principal Place of Business Mailing Address 6565 PARK BLVD 6565 PARK BLVD PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 US 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1149816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE **BUCHTA, LINDA Z** 6565 PARK BLVD PINELLAS PARK, FL 33781 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when remetating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. MILE NAME **BUCHTA, LINDA Z** STREET ADDRESS 6565 PARK BLVD U00000744999 05/16/07-80011-013 150.00 PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

FILED

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 of stustee 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 andress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CTY+ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP

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