2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 09, 2007 08:00 AM **Secretary of State** DOCUMENT # P04000111517 1. Entity Name BELLA CIERA, INC. Principal Place of Business Mailing Address 22865 N SANDALFOOT BLVD. 22865 N SANDALFOOT BLVD. BOCA RATON, FL 33428 BOCA RATON, FL 33428 04212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1423194 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEALEY, CAROLYN DO NOT WRITE 22865 N SANDALFOOT BLVD. BOCA RATON, FL 33428 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 U00000763390 05/30/07-80007-025_150.00 SIGNATURE_

Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
FILE NOWIN FEE IS \$150.00	9. Elec	ction Campaign Financing		\$5.00 May Be	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS P TITLE NAME HEALEY, CAROLYN 22865 N SANDALFOOT BLVD. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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.

Added to Fees

SIGNATURE:

THILE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For

Not Applicable