

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/2/2006-90235-006-\$150.00-\$150.00

DOCUMENT # P04000115483 1. Entity Name CHE BELLA, INC.				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">FILED</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 0.8em;">06 JUN -9 PM 2:47</div>	
Principal Place of Business 619 SAND CRANE CT BRADENTON, FL 34212		Mailing Address 619 SAND CRANE CT BRADENTON, FL 34212			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent MCGINNESS, W LEE 1800 2ND ST STE 971 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 20-3858078 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>		DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MORGANDO, JOHN D CEO % 619 SAND CRANE CT BRADENTON, FL 34212		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MORGANDO, GINA M % 619 SAND CRANE CT BRADENTON, FL 34212		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST MORGANDO, SHARON G % 619 SAND CRANE CT BRADENTON, FL 34212		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Michael R Nelson</i></u> 4/29/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					