2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142101

Entity Name: BELLA CUSTOM HOMES, INC.

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1290 HWY A1A SATELLITE BCH, FL 32937 SUITE 106

SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

225 PRICE CT 39 BARTON AVE.

SATELLITE BCH, FL 32937 ROCKLEDGE, FL 32955

FEI Number: 20-1750017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARGIOTTA, FRANCIS MARGIOTTA, FRANCIS 39 BARTON AVE 39 BARTON AVE

RICKLEDGE, FL 32955 ROCKLEDGE, FL 32955 US US

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.

SIGNATURE: FRANCIS MARGIOTTA 01/28/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MARGIOTTA, FRANCIS MARGIOTTA, FRANCIS Name: Name: 39 BARTON AVE 39 BARTON AVE Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955

Title: Title: D/VP () Delete (X) Change () Addition

Name: RUGGIANO, ANTHONY Name: RUGGIANO, ANTHONY

225 PRICE CT 225 PRICE CT Address: Address: SATELLITE BCH, FL 32937 SATELLITE BCH, FL 32937

City-St-Zip: City-St-Zip:

Title: Title: () Delete D/S () Change (X) Addition

MARGIOTTA, CARIN E Name: Name: 39 BARTON AVE. Address Address: City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete Title: VΡ () Change (X) Addition

TALEB, HAITHAM Name: Name: Address: Address: 845 HANAU AVE NW City-St-Zip: City-St-Zip: PALM BAY, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS MARGIOTTA D/P 01/28/2005