2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142101

Entity Name: BELLA CUSTOM HOMES, INC.

FILED Feb 02, 2006 Secretary of State

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

1290 HWY A1A 39 BARTON AVE.

SUITE 106 ROCKLEDGE, FL 32955 SATELLITE BEACH, FL 32937

Current Mailing Address: New Mailing Address:

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

ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955 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: 02/02/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MARGIOTTA, FRANCIS
 Name:
 MARGIOTTA, FRANCIS

 Address:
 39 BARTON AVE
 39 BARTON AVE.

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 ROCKLEDGE, FL 32955

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

 Name:
 RUGGIANO, ANTHONY
 Name:
 MARGIOTTA, CARIN E

 Address:
 225 PRICE CT
 Address:
 39 BARTON AVE.

 City-St-Zip:
 SATELLITE BCH, FL 32937
 City-St-Zip:
 ROCKLEDGE, FL 32955

 Name:
 MARGIOTTA, CARIN E
 Name:
 TALEB, HAITHAM

 Address:
 39 BARTON AVE.
 Address:
 845 HANAU AVE., N.W.

 City-St-Zip:
 ROCKLEDGE, FL 32955
 City-St-Zip:
 PALM BAY, FL 32907

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

 Name:
 TALEB, HAITHAM
 Name:

 Address:
 845 HANAU AVE NW
 Address:

 City-St-Zip:
 PALM BAY, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 02/02/2006