2006 FOR PROFIT CORPORATION

ANNUAL REPORT

Mailing Address

6428 LAKE WORTH RD.

DOCUMENT # P04000165131

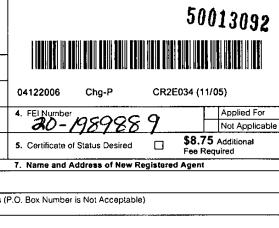
1. Entity Name 2 BELA INC

Principal Place of Business

3700 S. DIXIE HWY.



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90417 033 ***150.00



#8 #610 C/O SUPERIOR WEST PALM BEACH, FL 33405 US LAKE WORTH, FL 33463								!	BBFII BIB'II BBIII ab ii	[]]]]			3092 	
2. Principal Place of Business			3. 1	3. Mailing Address										
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				04122006	Chg-P	C	CR2E034 (11/05)			
City & State			C	City & State				4. FEI Numb	19898	89	7	- 	plied For t Applicable	
Zip				ľip	Country			5. Certificate	of Status Desire	ed [8.75 Add		
6. Name and Address of Current Registered Agent								7. Name and	Address of Ne	w Regis	tered A	gent		
SIRIANNI, ANTHONY G 246 MONROE DRIVE WEST PALM BEACH, FL 33405						Name Street Address (P.O. Box Number is Not Acceptable)								
						City					FL	Zip Code		
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, typod or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.								00 May Be ed to Fees	CHANGES TO	OCCIOCO	C AND	DIRECTORS	2 (N. 11	
10.	OFFICERS AND DIRECTORS Detete				11.	- T		ADDITIONS,	CHANGES TO	OFFICE	13 AND			
NAME STREET ADDRESS CITY-S1-ZIP	SIRIANNI, ANTHONY G 246 MONROE DRIVE WEST PALM BEACH, FL 33405			NAME STREI								☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP												Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP				☐ Delete		1						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			**************************************	☐ Delete	TITL NAM STR CITY	.E Me Meet address Y-S1-Zip						Change	Addition	
12. Thereby of	certify that th	e information supplied w	/ith this fi	ting does not qualify fo	or the ex	remptions contr	ained	in Chapter 11	e, Florida Statut	tes. I furti	her certi	ity that the ir	ntormation	

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 ardress, with all other like empowered.

SIGNATURE: &

ED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRI