

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170068

FILED
May 01, 2006
Secretary of State

Entity Name: BELLEAIR ACQUISITIONS GROUP, INC.

Current Principal Place of Business:

10 AMBLESIDE DRIVE
BELLEAIR, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

10 AMBLESIDE DRIVE
BELLEAIR, FL 33756 US

New Mailing Address:

611 S. FT. HARRISON ST. #366
CLEARWATER, FL 33756 US

FEI Number: 20-2034279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOWITZ, MICHAEL
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

Title: VP () Delete
Name: KOWITZ, MICHAEL
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

Title: S () Delete
Name: KOWITZ, DAURI
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

Title: T () Delete
Name: KOWITZ, DAURI
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

Title: D () Delete
Name: KOWITZ, MICHAEL
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

Title: D () Delete
Name: KOWITZ, DAURI
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KOWITZ, MICHAEL
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

Title: VP (X) Change () Addition
Name: KOWITZ, DAURI
Address: 10 AMBLESIDE DR.
City-St-Zip: BELLEAIR, FL 33756 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL KOWITZ

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date