

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000020411

Entity Name: BELLA FORTE, INC.

FILED
Apr 14, 2006
Secretary of State

Current Principal Place of Business:

500 SEMORAN BLVD. SUITE 2092
CASSELBERRY, FL 32707

New Principal Place of Business:

500 SEMORAN BLVD. SUITE 2064
CASSELBERRY, FL 32707

Current Mailing Address:

POST OFFICE BOX 180326
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-2293284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEBRANDT, JOSEPH M
500 SEMORAN BLVD SUITE 2092
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

HILLEBRANDT, JOSEPH M
500 SEMORAN BLVD SUITE 2064
CASSELBERRY, FL 32707 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: JOSEPH M HILLEBRANDT

04/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FRISZ, JEFF
Address: 500 SEMORAN BLVD. SUITE 2092
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: GRAYFORD, GUY
Address: P.O. BOX 1709
City-St-Zip: MINNEOLA, FL 34755

Title: V (X) Delete
Name: GRAYFORD, JAMES R
Address: P.O. BOX 1822
City-St-Zip: MINNEOLA, FL 34755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FRISZ, JEFF
Address: 500 SEMORAN BLVD. SUITE 2064
City-St-Zip: CASSELBERRY, FL 32707

Title: S (X) Change () Addition
Name: HILLEBRANDT, JOSEPH M
Address: 500 SEMORAN BLVD SUITE 2064
City-St-Zip: CASSELBERRY, FL 32707

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: JOSEPH M HILLEBRANDT

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04/14/2006

Electronic Signature of Signing Officer or Director

Date