2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED DOCUMENT # P05000021796 Aug 06, 2008 08:00 AM Secretary of State 1. Entity Name MIO BELLA TERRA, INC. Principal Place of Business Mailing Address 5061 SW 111 LN 5061 SW 111 LN OCALA, FL 34476 OCALA, FL 34476 08052008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2338276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REILLY, JUSTINE DO NOT WRITE 5061 SW 111 LN **OCALA, FL 34476** IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME REILLY, JUSTINE STREET ADDRESS 5061 SW 111 LN CITY-ST-ZIP OCALA, FL 34476 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WR CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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