## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

FILED
May 07, 2007 08:00 A
Secretary of State

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DOCUMENT # P05000037409  1. Entity Name BELLAMY & ASSOCIATES, INC			Secretary of Sta			
Principal Plac 1905 LOCUS PALATKA, FL	T AVENUE	Mailing Address P.O. BOX 447 PALATKA, FL 32178			IL ANI BI ANNI BANI BANI BONI ANIBA NIKI KARIF BURS PANIR IRKARI NI 1801	
D	OO NOT WRITE		CE	04262007 No Chg-P CR2E034 (11/05)  4. FEI Number		
6. Name and Address of Current Registered Agent  BELLAMY, JAMES E JR 1905 LOCUST AVENUE PALATKA, FL 32177			DO NOT WRITE 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 50e if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF P BELLAMY, JAMES E JR 1905 LOCUST AVENUE PALATKA, FL 32177	RECTORS			000000762190 05/25/07-80087-006 150.qc	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					NOT WRITE THIS SPACE	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		
indicated of the cor	on this report or supplemental report is tru	e and accurate and that my signat red to execute this report as requir	ure shall have the s	same lenal effer	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as: and that my name appears in Block 10 or Block 11 if</li> </ol>	