## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 04, 2007 08:00 A Secretary of State **DOCUMENT # P05000053602** 1. Entity Name BELVIN, INC. Principal Place of Business Mailing Address 802 SW 4 AVENUE 802 SW 4 AVENUE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 US 04272007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2652458 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSLEY, BELINDA L DO NOT WRITE 802 SW 4 AVENUE DELRAY BEACH, FL 33444 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, typad or print OTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS CFO TITLE MOSLEY, BELINDA L NAME 802 SW 4 AVENUE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH; FL 33444 000000761591 05/25/07-80061-009 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-72P 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

R OR DERECTOR

FILED

Daytime Phone #