


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90029 007 \*\*\*150.00

<b>DOCUMENT # P05000085109</b>		
1. Entity Name <b>BELL &amp; BELL, P.A.</b>		

Principal Place of Business <b>10 FAIRWAY DRIVE, #221 DEERFIELD BCH, FL 33441</b>	Mailing Address <b>10 FAIRWAY DRIVE, #221 DEERFIELD BCH, FL 33441</b>
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2. Principal Place of Business - No P.O. Box # <b>2600 NE 14<sup>th</sup> St. Cswy</b>	3. Mailing Address <b>2600 NE 14<sup>th</sup> St Cswy</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01022007 Chg-P CR2E034 (12/06)

City & State <b>Pompano Beach, FL</b>	City & State <b>Pompano Beach, FL</b>
Zip <b>33062</b>	Zip <b>33062</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>87-0747709</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BELL, CHARLES 10 FAIRWAY DRIVE, #221 DEERFIELD BCH, FL 33441</b>	
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7. Name and Address of New Registered Agent Name <b>Bell, Charles</b> Street Address (P.O. Box Number is Not Acceptable) <b>2600 NE 14<sup>th</sup> St Cswy</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33062</b>	
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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: Chh Bell DATE: 1/2/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. BELL, CHARLES P OWNER 930 N 11TH COURT HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR Bell, Charles President 2600 NE 14 <sup>th</sup> St. Cswy Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR Bell, Brian VP 2600 NE 14 <sup>th</sup> St Cswy Pompano Beach, FL 33062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chh Bell DATE: 1/2/07 DAYTIME PHONE #: 954-783-2215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR