




2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|--|--|--|--|--|--|--|
| DOCUMENT # P05000099281 1. Entity Name BELLA CONSULTATION, INC. | | | |  | | FILED 06 AUG 28 PM 1:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 1561 61ST AVENUE SOUTH WEST PALM BEACH, FL 33415 | | | | Mailing Address 1561 61ST AVENUE SOUTH WEST PALM BEACH, FL 33415 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 4. FEI Number 20-3145072 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent VIENS, JEAN-CLAUDE 5803 NW 44TH AVENUE FORT LAUDERDALE, FL 33319 | | | | 7. Name and Address of New Registered Agent Name Isabelle THIBODEAU Street Address (P.O. Box Number is Not Acceptable) 1561 61ST AVENUE SOUTH City West Palm beach FL Zip Code 33415 | | | |
| 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  | | | | DATE 8-14-06 | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THIBODEAU, ISABELLE 5803 NW 44TH AVENUE FORT LAUDERDALE, FL 33319 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THIBODEAU, Isabelle 1561 61ST AVENUE SOUTH West Palm beach, FL 33415 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BROOKS, WOODWARD 1561 61 AVE W PALM BEACH, FL 33415 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500079521255 09/06/06--01036--002 **\$1.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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  | | | | Date 8-14-06 Daytime Phone # 954-829-2362 | | | |