2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000101474

Entity Name: BELLA ROMA J.B. A.D. INC.

FILED Oct 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4863 E.IRLO BRONSON MEMORIAL HWY.

ST. CLOUD, FL 34771 US

Current Mailing Address: New Mailing Address:

4863 E.IRLO BRONSON MEMORIAL HWY. ST. CLOUD, FL 34771 US

FEI Number: 03-0565411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DALESSANDRIS, JOANN
12455SOPHIAMARIELOOP
ORLANDO, FL 32828 US
DALESSANDRIS, JOANN
2042 DARLIN CIRCLE
ORLANDO, FL 32820 US

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.

SIGNATURE: DALESSANDRIS JOANN 10/10/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 DALESSANDRIS, JOANN C
 Name:
 DALESSANDRIS, JOANN C

 Address:
 12455 SOPHIAMARIE LOOP
 Address:
 2042 DARLIN CIRCLE

 City-St-Zip:
 ORLANDO, FL 32828 US
 City-St-Zip:
 ORLANDO, FL 32820 US

Title: VP () Delete Title: VP (X) Change () Addition Name: DALESSANDRIS, ANGELO Name: DALESSANDRIS, ANGELO

Name:DALESSANDRIS, ANGELOName:DALESSANDRIS, ANGELOAddress:12455SOPHIAMARIE LOOPAddress:2042 DARLIN CIRCLECity-St-Zip:ORLANDO, FL 32828 USCity-St-Zip:ORLANDO, FL 32820 US

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 BEVILACQUA, JOSEPH
 Name:
 BEVILACQUA, JOSEPH

 Address:
 12455 SOPHIAMARIE LOOP
 Address:
 2846 PERCIVAL RD

 City-St-Zip:
 ORLANDO, FL 32828 US
 City-St-Zip:
 ORLANDO, FL 32826 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN DALESSANDRIS P 10/10/2006