

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132035

FILED
Feb 21, 2007
Secretary of State

Entity Name: BELLEAIR ASSET MANAGEMENT, INC.

Current Principal Place of Business:

259 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

Current Mailing Address:

259 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

FEI Number: 20-3559791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JAMES M
259 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CLARK, JAMES M
Address: 259 NORTH INDIAN ROCKS ROAD
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VSD () Delete
Name: CLARK, TINA E
Address: 259 INDIAN ROCKS RD N
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete
Name: CLARK, JAMES H
Address: 259 INDIAN ROCKS RD N
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D () Delete
Name: CLARK, JEROME H
Address: 1215 MORGAN TRACE
City-St-Zip: ELDORADO, IL 62930

Title: D () Delete
Name: BAIRD, PAMELA S
Address: PO BOX 186
City-St-Zip: BROUGHTON, IL 62187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES M. CLARK

_____ Electronic Signature of Signing Officer or Director

P

02/21/2007

_____ Date