

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000132035

FILED
Apr 22, 2008
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:

259 INDIAN ROCKS RD NO
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

259 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

259 INDIAN ROCKS RD NO
BELLEAIR BLUFFS, FL 33770

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:

CLARK, JAMES M
259 INDIAN ROCKS RD NO
BELLEAIR BLUFFS, FL 33770 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: _____

04/22/2008

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CLARK, JAMES M
Address: 259 INDIAN ROCKS RD NO
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VSD (X) Change () Addition
Name: CLARK, TINA E
Address: 259 INDIAN ROCKS RD NO
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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 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: TINA E. CLARK

VSD

04/22/2008

Electronic Signature of Signing Officer or Director

Date