
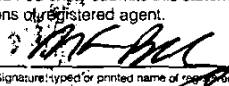
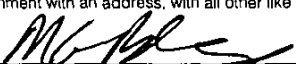


FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 021 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000144801			
1. Entity Name BELLUM CONTRACTING, INC.			
Principal Place of Business 2886 TAMiami TRAIL UNIT 10 PORT CHARLOTTE, FL 33952 US		Mailing Address 2886 TAMiami TRAIL UNIT 10 PORT CHARLOTTE, FL 33952 US	
2. Principal Place of Business 12763 Tamiami Trail		3. Mailing Address 12763 Tamiami Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Port, FL		City & State North Port, FL	
Zip 34287	Country USA	Zip 34287	Country USA
6. Name and Address of Current Registered Agent BELKNAP, MATTHEW G 27140 PARTIN DRIVE PUNTA GORDA, FL 33983		7. Name and Address of New Registered Agent Name Matthew G. Belknap Street Address (P.O. Box Number is Not Acceptable) 22181 Riverhead Ave. City Port Charlotte FL Zip Code	
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  Matthew G. Belknap 7/18/06 Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BELKNAP, MATTHEW G 2886 TAMiami TRAIL #10 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ALL address change to <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BELKNAP, STEPHANIE A 2886 TAMiami TRAIL #10 PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	12763 Tamiami Trail <input type="checkbox"/> Change <input type="checkbox"/> Addition North Port, FL 34287
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BELKNAP, STEPHANIE A 2886 TAMiami TRAIL #10 PORT CHARLOTTE, FL 33952 <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	T BELKNAP, MATTHEW G 2886 TAMiami TRAIL #10 PORT CHARLOTTE, FL 33952 <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:  Matthew G. Belknap 7/18/06 941 6261708 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			