2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000138341

Entity Name: BELLACAPRI CORPORATE HQ INC.

FILED Sep 15, 2008 Secretary of State

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

23110 SR 54 5590 B COACH HOUSE CIRCLE # 160 BOCA RATON, FL 33486

LUTZ, FL 33549

Current Mailing Address: New Mailing Address:

23110 SR 54 5590 B COACH HOUSE CIRCLE #160 BOCA RATON, FL 33486 LUTZ, FL 33549

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

KOLLISTER, CORY
23110 SR 54
160
LUTZ, FL 33549 US

MOORE, HOLLY
5590 B COACH HOUSE CIRCLE
BOCA RATON, FL 33486 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: HOLLY MOORE 09/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 KOLLISTER, CORY
 Name:
 BRADLEY, JANE

 Address:
 23110 SR 54 #160
 Address:
 5590 B COACH HOUSE CIRCLE

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 BOCA RATON, FL 33486

Title: CFO () Delete Title: PRES (X) Change () Addition Name: CIFUENTES, JOSUE Name: MOORE, HOLLY

 Address:
 23110 SR 54 #160
 Address:
 5590 B COACH HOUSE CIRCLE

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 BOCA RATON, FL 33486

Title: VP S () Delete Title: VP S (X) Change () Addition Name: CIFUENTES, ROBERT Name: DUPONT, NAN

 Address:
 23110 SR 54 #160
 Address:
 5590 B COACH HOUSE CIRCLE

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 BOCA RATON, FL 33486

Title: () Delete Title: PART () Change (X) Addition Name: CHILDRESS, BILL R

Address: Address: 5590 B COACH HOUSE CIRCLE City-St-Zip: 5590 B COACH HOUSE CIRCLE City-St-Zip: BOCA RATON, FL 33486

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: HOLLY MOORE PRES 09/15/2008