## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

## Mar 31, 2006 08:00 AM Secretary of State **DOCUMENT # P93000058437** 1. Entity Name BONITA BELL, INC. Mailing Address Principal Place of Business 27259 RUE DE PAIX PO BOX 367505 BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34136 CR2E034 (11/05) 02092006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0434060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -----Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE MCGRATH, ROBERT R 27259 RUE DE PAIX BONITA SPRINGS, FL 34135 IN THIS SPACE 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. DATE INOTE: Registered Agent signature required when reinstaling? Stangarure, typed or printed name of registered egent and fife if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCGRATH, ROBERT R NAME STREET ADDRESS 27259 RUE DE PAIX BONITA SPRINGS, FL 34135 CITY-ST-ZIP HHF NAME STREET ADDRESS CITY-ST-ZIP ππε NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CSTY -ST-ZSP TITLE MAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 it made under eath; that I am an officer or director of the corporation or the repetitiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if

with all other like empowered.

EO NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**