2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P93000069535 BELLEVILLE PROPERTIES, INC. Principal Place of Business Mailing Address 8494 NAVARRE PKWY 8494 NAVARRE PKWY NAVARRE, FL 32576 NAVARRE, FL 32576 04222008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 59-3203139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PULLUM, WILLIAM A DO NOT WRITE 8494 NAVARRE PKWY NAVARRE, FL 32566 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PULLUM, BART R 8494 NAVARRE PARKWAY STREET ADDRESS U00000918877 05/13/08-80100-011 150.00 NAVARRE, FL CITY-ST-ZIP TITLE SHAW, STEPHEN NAME STREET ADDRESS 9831 KILCHIS RIVER RD CITY-ST-ZIP TILLAMOOK, OR 97141 TITLE NAME PULLUM, WILLIAM A STREET ADDRESS 8494 NAVARRE PARKWAY DO NOT WRITE NAVARRE, FL CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

 I hereby certify that the information supplemental indicated on this report or supplemental dwith this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the 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 propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei-changed, or on an attachment

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP