


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90187 035 ***150.00

DOCUMENT # P93000084906	
1. Entity Name BELVEDERE MANAGEMENT, INC.	

Principal Place of Business 4300 N. UNIVERSITY DRIVE STE D-103 LAUDERHILL, FL 33351 US	Mailing Address 4300 N. UNIVERSITY DRIVE STE D103 LAUDERHILL, FL 33351 US
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2. Principal Place of Business 1700 NW 66 AVE Suite, Apt. #, etc. #102	3. Mailing Address 1700 NW 66 AVE Suite, Apt. #, etc. #102
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City & State Plantation, FL	City & State Plantation FL
Zip 33313 Country USA	Zip 33313 Country USA



04042006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0566235		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MURPHY, WILLIAM M. 4300 N. UNIVERSITY DR., D-103 SUITE B-100 LAUDERHILL, FL 33351		7. Name and Address of New Registered Agent Name William M. Murphy Street Address (R.O. Box Number is Not Acceptable) 1700 NW 66 AVE #102 City Plantation FL Zip Code 33313

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 *William M. Murphy* **William M. Murphy** DATE **4/4/06**

Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, WILLIAM M 4300 N UNIVERSITY DR LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P William M. Murphy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1700 NW 66 AVE #102 Plantation FL 33313
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
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
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: *William M. Murphy* **William M. Murphy** DATE **4/4/06** (954) **746-2221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR