


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 AM
Secretary of State

| | | |
|---|--|---|
| DOCUMENT # P93000088108 1. Entity Name BELDEN INTERNATIONAL CORP. | |  |
| Principal Place of Business 5125 SR 13 NORTH SAINT AUGUSTINE, FL 32092 US | Mailing Address P O BOX 1399 ORANGE PARK, FL 32067-1399 US | |



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|---------------------------------------|
| 4. FEI Number 59-3217942 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent MARILYN, DOSS B 5125 SR 13N SAINT AUGUSTINE, FL 32092 | DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DOSS, MARILYN B PO BOX 1399 ORANGE PARK, FL 320671399 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOSS, CALVIN P PO BOX 167 ORANGE PARK, FL 320670167 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/25/07-80002-009 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARILYN B. DOSS

4/30/07 (904) 509-8258